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A new case history with photographs

The unique value of 'Dexamyl' in providing symptomatic relief from mental and emotional distress is clearly demonstrated in this case history —reported by a Philadelphia general practitioner.

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Patient: R.D. (shown in photos on opposite page), age 30, married. "This Southern wife had only a few dominant symptoms: weakness, fatigue on the slightest exertion, pains in the lower back, and some menstrual irregularities. A pelvic consultation ... ruled out all gynecological pathology.

"In her early visits, she displayed a haunted, fearful secretiveness. Not until I discovered the dreaded condition that was distressing her did she 'let down the bars' and talk freely of her complaints.

"... it was evident that something had to be done to lift her out of herself; to give her physical support and mental emancipation. In order to gain her confidence, I had to make her feel better."

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Results: "Dexamyl relieved her anxiety and fears, thus eliminating her complaints of weakness and fatigue. After 2 months she voluntarily reduced the dosage and now takes a tablet only occasionally."

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The RHODE ISLAND MEDICAL JOURNAL

VOL. XXXV JULY, 1952 NO. 7

MEDICINE OF THE FUTURE*

— THE ELEVENTH ANNUAL CHARLES V. CHAPIN ORATION —

JAMES STEVENS SIMMONS, S.B., M.D., Ph.D., Dr. P.H., S.D. (hon.)

Brigadier General, U. S. Army (Retired)

The Author. *Brigadier General James Stevens Simmons, MC, USA, Ret. of Boston, Massachusetts. Dean and Professor of Public Health, Harvard University School of Public Health; Served in the Medical Corps of the U. S. Army from 1916 to 1946; President, Army Medical Dept. Research Board in the Philippines 1928-30 in the Canal Zone 1935-36; Chief of the Preventive Medicine Service, Office of the Surgeon General, 1940-46; Member of the National Research, Council and Committee on Medical Research of the Office of Scientific Research and Development.*

A FEW YEARS ago one of the world's great medical practitioners—Sir William Osler—made the statement that: *"Preventive medicine is the medicine of the future."* This wise prediction is of primary importance to all of us. As civilized human beings we are naturally interested in improving the health and efficiency of men, women and children throughout the world. As citizens of this great free country, we are concerned with the desperate need to conserve the strength of the 150 million Americans who are now opposing the international threat of Communism. As physicians, we have been entrusted with the serious responsibility of protecting the health of this nation. Therefore, it is suggested that for today's Chapin Oration we talk about preventive medicine, and discuss its potentialities as the medicine of the future.

Undoubtedly your distinguished townsman, Dr. Charles Value Chapin, would agree that preventive medicine will be the medicine of the future. During his long useful life, which was spent in the service of this city, Dr. Chapin saw the art of medicine emerge from its ancient status as a speculative profession shrouded in mystery and ignorance, and watched it develop as a true science founded upon experimentally-proven knowledge. Born at a time when no human being knew that infectious diseases are caused by living micro-organisms, he witnessed the evolution of microbiology and curative medicine, and assisted in the birth and development of medicine's constructive, vigorous specialties—preventive medicine and public health.

I appreciate deeply the honor of being invited to join you in this meeting, which is dedicated to Dr. Chapin's memory. I wish he could be here today to tell us about the progress made in protecting the health of the citizens of Providence during his lifetime. I feel sure that he could help us to visualize the future potentialities of disease prevention, and would point out clearly the importance of health conservation in our present fight to establish and maintain a peaceful, civilized world of free men.

Early Recognition of the Need to Prevent Disease

When Charles V. Chapin was born in Providence on January 17, 1856, there was already much interest in preventive medicine. However, those who dreamed and talked about the prevention of disease were handicapped by the limited knowledge of that early period. The City of Providence already had a Board of Health which operated under a Superintendent of Health, Dr. Edwin M. Snow. The constructive concept of greater community service through public health was germinating both in Europe and in this country, and the need for health protection had already been emphasized by such lay leaders as the London barrister, Edwin Chadwick, and the Boston bookseller, Lemuel Shattuck.

Shattuck's report of the Sanitary Commission of Massachusetts in 1850 was a remarkable document for that time. It included 50 specific recommendations regarding sanitation, vital statistics, the protection of school children, medical research, nurses training, slum clearance, and other problems considered important to the prolongation of life. Of unique significance was his proposal that state and local boards of health be established throughout the nation, and that persons be specifically educated in sanitary science as preventive advisors as well as curative advisors.

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* Presented at the 141st Annual Meeting of the Rhode Island Medical Society, at Providence, R. I., May 8, 1952.

Shattuck recommended that sanitary professorships be established in all our colleges and medical schools, and filled by competent teachers. He stated that: "The science of preserving health and preventing disease should be taught as one of the most important sciences. It would be useful to all, and to the student of curative medicine as well as to others."

In the light of today's advanced knowledge, some of these recommendations of Shattuck's have the sound of prophecy or of wishful thinking.

The medical ignorance of his time is illustrated by the experience with Asiatic cholera which invaded the United States and occurred in Providence on several occasions, including the years 1832, 1849, and 1854. In 1865, the Superintendent of Health issued a popular article to the citizens of Providence in which he asked the question: "Is Asiatic Cholera Contagious?" His dogmatic answer in the first paragraph was as follows: "I cannot but feel that any intelligent person who will use his ordinary powers of observation must, with but little reflection, decide at once and forever that cholera is not contagious." In a footnote he added: "There is not a physician in Providence who believes that Asiatic cholera is contagious." He shared the general belief that cholera was caused by the emanations from decaying vegetable matter.

Listed in the Providence health report for 1866 were 1,036 deaths, of which 260 were attributed to "zymotic" causes. Among these zymotic diseases there were 19 specific infections, including Asiatic cholera, diphtheria, dysentery, typhus, typhoid fever, whooping cough, measles, smallpox, and syphilis. It was concluded that many of these seemed to be caused directly by impure air.

Even as late as 1882, in a report on typhoid fever in Providence, the Superintendent of Health mentioned the following vague conditions as perhaps the most important causes of that disease: "First, vegetable matter in cellars remaining through the summer and decomposing; second, sink water running in the ground near the farm houses produces luxuriant vegetation which decomposes in the fall; and third, the well water which is often contaminated with filth." He then added: "I have known one case in this City where nearly all of the inmates of a large house had typhoid fever from the decomposition of a large quantity of potatoes in the cellar!"

The fact that this report was made 26 years after William Budd finished his well-known studies of typhoid transmission in England, and two years after the typhoid bacillus had been described by Eberth in Germany, illustrates the lag which so often occurs between the discovery and the application of new knowledge. It also indicates the confused thinking about the etiology of disease at that time, even among prominent physicians.

The Birth of Modern Medicine

Charles Chapin lived during an exciting period, for he witnessed the birth of modern medicine. In 1872, when he was 16 years old, the American Public Health Association was organized under its first President, Dr. Stephen Smith of New York. The American Medical Association had been in existence 25 years, but because of the influence of Benjamin Rush, many diseases were still considered as the result of filth and bad air. It was not until a year later that the French chemist, Pasteur, was made a member of the French Academy of Medicine in recognition of his researches on fermentation, his studies of the diseases of silk worms, and his revolutionary "germ theory" of disease. It was still several years before Pasteur made his brilliant contributions on the control of anthrax, chicken cholera, and rabies. The British surgeon, Lister, had only recently developed his "antiseptic" operating technique; and the great German bacteriologist, Robert Koch, still had before him those productive years when he was to demonstrate the specific causes of anthrax, tuberculosis and cholera.

Dr. Chapin graduated at Brown University in 1876, at the age of 20 years; and three years later, in 1879, he received his M.D. degree from Bellevue Hospital Medical College in New York. Fortunately, he studied medicine in a stimulating atmosphere—charged with discovery—which was created by a distinguished group of medical thinkers including William Welch and Edwin G. Janeway. One of his fellow internes was William Gorgas, and Walter Reed had preceded him as a student Thus when young Dr. Chapin finished medical school, it seems probable that he was already dreaming of and planning for Osler's medicine of the future. Undoubtedly, he and his illustrious associates were enthused by the new vision of service through prevention, which was destined to free mankind from at least a portion of the age-old burden of disease. In 1884, when he was 28 years old, Dr. Chapin started his life's work here in the city of Providence as your Superintendent of Health, a position which he filled with distinction for forty-eight years.

At the time of his appointment, some of the specific disease producing organisms had been incriminated. These included the etiologic agents of: Relapsing fever, (*Borrelia recurrentis*—Obermeir 1873); leprosy, (*M. leprae*—Hansen 1874); anthrax, (*B. anthracis*—Koch 1876); gonorrhea, (*N. gonorrhoeae*—Neisser 1879); typhoid, (*E.*

typhosa—Eberth 1880); malaria, (*P. vivax* and *P. malariae*—Laveran 1880); pneumonia, (*D. pneumoniae*—Pasteur-Sternberg 1880); tuberculosis, (*M. tuberculosis*—Koch 1882); diphtheria, (*C. diphtheriae*—Klebs 1883); *tetanus*, (*Cl. tetani*—Nicolaier 1884); meningitis, (*N. intracellularis*—Marchiafava and Celli 1884); and cholera, (*V. comma*—Koch 1884). However, there was still much to learn about the spread of these diseases, and the development of methods for their prevention was delayed for a long time after their discovery.

During the latter years of the 19th century, the medical revolution continued to gain momentum. In 1878, Sir Patrick Manson demonstrated the mosquito transmission of filariasis and thus opened up the new science of medical entomology. In 1890, Von Behring discovered diphtheria antitoxin. The next year, Robert Koch organized the Institute of Infectious Diseases in Berlin. In 1893, Theobald Smith discovered the cause of Texas cattle fever and the mechanism of its transmission by ticks. The same year America's pioneer bacteriologist, George M. Sternberg, became Surgeon General of the U. S. Army, organized the Army Medical School for postgraduate instruction in military preventive medicine, and appointed Walter Reed as its first Professor of Bacteriology. During this period, other disease agents were discovered, including: the influenza bacillus, (*H. influenzae*—Pfeiffer 1892); the welch bacillus, (*Cl. welchii*—Welch and Nuttal 1892); and the bacillus of plague, (*P. pestis*—Yersin-Kitasato 1894). In 1894, Bruce began his work in Africa which led to the incrimination of tsetse flies as vectors of trypanosomiasis, and Patrick Manson encouraged Ronald Ross to start his studies on the transmission of malaria. In 1897, Manson organized the London School of Tropical Medicine. Also in that year, the mosquito transmission of malaria was proven by Ross, and almost simultaneously by Grassi and his Italian collaborators. In the next few years, Shiga in Japan and Strong in the Philippines discovered the dysentery bacilli that bear their names. Following the war with Spain, Major Walter Reed and his Army Commission proved that yellow fever is caused by a filtrable virus and demonstrated its transmission through Aedes mosquitoes.

Development of the Specialty of Preventive Medicine

Thus, at the beginning of the twentieth century the medicine of the future had been born, but it was still in its infancy. During the 51 years that have passed since that time, the preventive viewpoint has continued to grow. Stimulated by the exciting discoveries of the recent past, research increased in all fields of medicine and health, and there has been a slow but steady accumulation of new knowledge with which to improve the nation's health. Much progress has been made not only in curative medicine but in the prevention of disease.

The experience of the United States Army affords an excellent yardstick with which to measure this progress. Faced with the grim necessity to conserve fighting manpower, and led by a great Surgeon General, George M. Sternberg, who has been called "the father of bacteriology in America", our Army has played an important role in the development of effective methods for disease prevention, both among troops and in the civil population. The fundamental researches of United States Army officers working in our military installations in the tropics and at home, and supplemented by investigations sponsored by the Army in civilian institutions have provided the country with a valuable arsenal of new weapons with which to control a host of serious diseases.

Such weapons were forged by Major Walter Reed's work on yellow fever in Cuba, by Colonel Ashford's studies of hookworm infection in Puerto Rico, by the investigations of Colonels Strong, Craig, Vedder, Siler and others, in the Philippines, on dysentery, malaria, beriberi and dengue fever, by General Russell, who gave us an effective vaccine against typhoid, by General Darnall, who paved the way to the chlorination of city water supplies, and by General Kelser and others who discovered the mosquito transmission of equine encephalomyelitis.

Other important advances were made during World War II, when the Army, the Navy, the Public Health Service and the Department of Agriculture utilized the total research facilities of the United States and cooperated with our allies in producing new agents with which to treat and prevent many infectious diseases. Probably the most valuable of these are DDT and the other new agents now being used all over the world for the control of malaria, typhus, plague, and other insect-borne diseases.

Application of all this new knowledge has caused a dramatic reduction in the morbidity and mortality for diseases among American troops. The rate per thousand per annum for disease deaths among our soldiers in the Spanish-American War was about 25. In World War I, the rate had been reduced to 16., and in World War II the rate was only 0.6 of one per cent.

Since 1946, this war-time research program has been continued as a cooperative activity of the Armed Forces, and useful new information is still being added each year. For example, Army work-

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ers have shown that certain of the new antibiotics can be used as suppressives to protect troops against scrub typhus and to cure typhoid fever. Also, recent work by an Armed Forces research team on Koje Do has demonstrated the value of antibiotics in both amebic and bacillary dysentery.

Last Spring, I had the privilege of going with the Surgeon General of the Army as his Senior Consultant in Preventive Medicine, to inspect the disease prevention program of our Armed Forces on the Korean front. I was highly pleased to see the excellent work of our preventive medicine officers in action, and to know that the good record established for disease prevention in World War II is being carried forward effectively.

These satisfying achievements in military preventive medicine have been paralleled in our civilian communities. During this same period of 51 years, there has been an enormous decrease in disease, disability and death in the civil population. Dr. Chapin was in the forefront of this advance. At first, many of our state, city and local health departments were handicapped by politics and the appointment of unqualified personnel. More recently, however, with the assistance of strong leadership from the United States Public Health Service, there has been a rapid improvement in community health at all levels.

Several years ago, during a lecture at the Harvard School of Public Health, Dr. Reginald M. Atwater, Secretary of the American Public Health Association, paid tribute to the role which Dr. Chapin played in this development, as follows:

"A health officer of 30 years ago really had a difficult task. A man like Dr. Charles V. Chapin, Superintendent of Health in Providence, Rhode Island, had no pattern on which to proceed. He, being a great man, made the pattern that the rest of us are glad to follow."

In addition to being an efficient health administrator, Dr. Chapin was a sound operator in the field of applied epidemiology. He practiced scientific preventive medicine on a community basis. Instead of continuing to spend the taxpayers' health money on the abatement of unsightly nuisances and bad odors, he insisted that every health dollar should be used for the specific control of disease.

In 1888, he organized in Providence, this country's first municipal public health laboratory, which was operated by Dr. G. S. Swarts. This was the forerunner of the first state health laboratory which was also established in Rhode Island, in 1894; and by 1914, all of the states had followed this lead.

In addition to Dr. Chapin's daily work in the field of public health, he was deeply concerned with the need to provide special undergraduate training in preventive medicine and graduate instruction in public health. In 1909, when the Harvard Medical School established the first civilian department of preventive medicine in the United States, he was made a visiting member of that staff. In 1913, when Harvard Unversity and the Massachusetts Institute of Technology jointly organized the first American school for the training of health officers, Dr. Chapin also became a member of that faculty; and from its origin in 1921, until the time of his retirement in 1932, Dr. Chapin served as a distinguished Visiting Lecturer in the present Harvard School of Public Health. In fact, many of the reprints and books from Dr. Chapin's professional library were donated to our School, where they are now preserved as a memorial.

In 1929, Dr. Chapin was honored by the American Public Health Association with the first Sedgwick Memorial Medal for distinguished service in the field of public health.

The improvement in health in the city of Providence during the lifetime of Dr. Chapin is indicated by a progressive decrease in the death rate in this brief period of 85 years. In 1856, the year of his birth, when the population was about 48,000, there were more than 1,000 deaths, or a rate of 21.8 per thousand. By 1932, the year of his retirement, when the population was 253,000, there were about 3,000 deaths—a rate of only 13.09 per thousand.

This compares favorably with the health improvement in the country as a whole. In 1900, the crude death rate for the United States was about 17 per thousand, and today the rate is around 10 per thousand. It is also reassuring to note the increased expectation of life at birth. A baby born in the United States in 1900 could expect to live only about 48 years; but the descendants of that baby, born today, can look forward to a much longer life span of over 67 years.

Rapid advances in civilian health have been made in the last two decades. Preventive measures in obstetrics and pediatrics have enormously decreased maternal and infant mortality. The infectious diseases of childhood are still abundant but they no longer cause the high death rates of the recent past. Since 1900, there has been a reduction of about 97 per cent in the combined death rate for measles, scarlet fever, whooping cough, and meningitis. The morbidity and mortality rates for respiratory, intestinal, venereal and insect-borne infections have decreased. Within the last few years, for example, malaria has almost been wiped out of the southern states by the intensive use of DDT and other insecticides, and by continuation of the enormous mosquito-control program initiated during the war by the Army and operated with the help of the Public Health Service.

These modern advances in military and civilian preventive medicine and public health, all made in such a short period of time, point the way to the eventual fulfillment of Sir William Osler's dream of the medicine of the future. However, there are still unsolved problems both in curative and preventive medicine. Current official reports show that large numbers of our citizens are disabled or killed each year by diseases and accidents, many of which are preventable. Last year more than two million infectious diseases were reported by practicing physicians, and a large proportion of these were caused by the childhood diseases. The preventable intestinal, venereal and insect-borne diseases still produce large numbers of infections yearly; millions of Americans are killed and injured annually by accidents, and the country labors under an enormous burden of mental diseases, cancer and the chronic diseases of old age.

In addition to all of this, we now must recognize the constant threat of Communist attack. Americans must be prepared for the new health hazards which accompany modern warfare. The civil populations must be ready for the occurrence of unusual diseases and accidents which might result from military sabotage or bombing, or might be spread by atomic, biological, or psychological warfare.

In the face of present accident and disease rates and the tremendous crippling power of any future war, it would be well for the medical profession to examine with a critical eye the manner in which it is meeting its obligations to the American people. If the country is to be prepared, the professions of medicine and public health must work together. They must provide the united leadership required to develop a strong national health program designed to give the best possible medical and surgical care and to provide a fully-effective program of preventive medicine both for the Armed Services and for all our civilian communities. This is in keeping with the traditional objective of the medical profession which is to conserve human life and health.

There are two important approaches to the fulfillment of this objective: The first approach is through the treatment and care of the sick and injured, and in this service America's physicians have excelled. The second approach is through the prevention of disease and accidents, and in this there is much room for improvement. Both services are essential to the conservation of American health and manpower, and both are a primary responsibility of the profession of medicine.

If we are to visualize these basic responsibilities clearly, we must penetrate the fog of confused thinking which now delays the development of adequate health protection in the United States and I suggest that we return to the simple truth that an ounce of prevention is really worth a pound of cure.

No Utopian law aimed at providing a federal dole in the form of government insurance to pay for medical care can ever protect the American citizen against sickness. Even if all our money were spent on the construction of luxurious hospitals staffed with the best clinicians in the world—such an expenditure alone would not prevent a single disease. Certainly, Americans deserve first-class medical care, and it is believed that they are receiving it. Certainly, insurance to help pay for the high cost of illness is important, and with the development of more satisfactory forms of voluntary medical care insurance, it is hoped that this need will eventually be met.

A more important matter is the question as to what the medical profession is doing to keep Americans well and on the job. What is the general practitioner doing to prevent disease and keep people out of hospitals? This question has the potentialities of an atom bomb. It poses today's challenge to the profession of medicine.

The challenge of preventive medicine cannot be brushed aside. The practical value of disease prevention has been proven at the grass roots, on the battlefields of two world wars, in the hills of Korea, and in the daily activities of thousands of American towns. Prevention is desirable from a humanitarian viewpoint. It is essential to the conservation of America's working and fighting manpower. Finally, it affords a common-sense approach to the more economical solution of the present serious problem of expensive medical care.

As we face the future, the first job is of course to reduce—and, if possible, to eliminate—the remaining load of preventable diseases and accidents. The second job is much more difficult; it calls for more research aimed at the development of better methods with which to prevent the still unconquered infections of childhood, the increasing load of old age diseases and disabilities, and the almost overwhelming burden of mental diseases. These unsolved problems should be attacked just as the pioneer microbiologists three generations ago tackled the even greater mystery of the epidemic infections. Intensive research is required to ferret out their causative factors and to discover new methods of control. Also, an alert, well-trained body of professional workers will be needed to apply this new knowledge effectively.

Our war-time experience has convinced the American people of the importance both of public health and research. Large amounts of money are now being expended on the investigation of all sorts of health problems. Well-known examples are the extensive researches on infantile paralysis, accidents, arthritis, heart disease, cancer, the disabilities of old age, rehabilitation and mental diseases.

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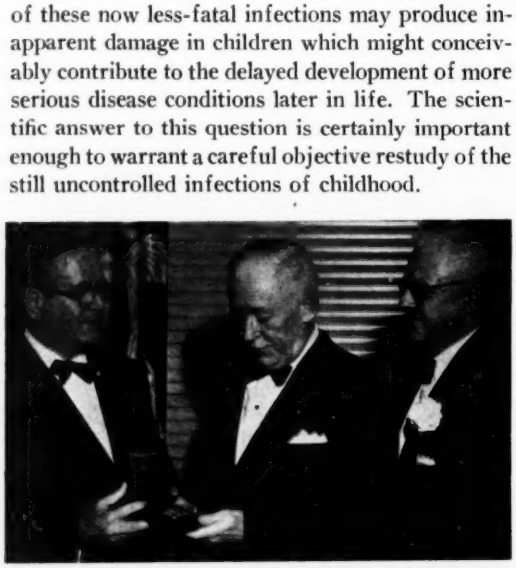
We are still unable to prevent many of the diseases of childhood, and because their mortality has been so greatly reduced, interest in continuing the search for methods of prevention has lagged. In fact, according to Hubbard (1950) a group of health officers and practicing physicians of New Haven, Connecticut, have recently pointed up this attitude of defeat with the following conclusions:

"It has been determined that these diseases, rubeola, rubella, epidemic parotitis and varicella should be allowed to occur in childhood, rather than attempt prevention with the alternative of having them contracted in adolescence or adulthood. These diseases have no preventives, and adolescents and adults are being attacked in greater numbers and with greater severity. There is an increasing number of cases being reported where contraction of rubella by pregnant women has resulted in malformation of the fetus or even miscarriage. Also, epidemic parotitis in teen-age boys and in men may result in orchitis. Therefore, many health authorities do not deem it advisable at the present time to exclude contacts of these diseases from school, although isolation of cases is still enforced, primarily for the protection of the patient."

Based on the knowledge at hand, these recommendations might appear to be warranted. However, coming on the heels of the discoveries of the last three generations, such conclusions appear to sidestep our obligation to continue the search for the full truth. It seems at least possible that some of these now less-fatal infections may produce inapparent damage in children which might conceivably contribute to the delayed development of more serious disease conditions later in life. The scientific answer to this question is certainly important enough to warrant a careful objective restudy of the still uncontrolled infections of childhood.



Brigadier General James S. Simmons, MC, USA, (Ret.), receives the Charles V. Chapin Medal from Mayor Walter H. Reynolds (left) of Providence while Dr. Herman A. Lawson, president of the R. I. Medical Society watches the ceremony.

It is therefore suggested that intensive studies be made to determine the long-term, or delayed, results of children's diseases, and that through this channel a new approach be made to the investigation of geriatrics and mental diseases. It is common knowledge that many children's infections now considered mild, can produce serious damage to various tissues of the body, including those of the cardiovascular system, the joints, the kidneys and the brain. For example, mumps not only can produce orchitis in adult males but also encephalitis in young children. It therefore seems logical to wonder whether even mild degrees of damage, which are unrecognizable by present diagnostic methods, might produce enough weakness of vital tissues or organs to render them unusually susceptible to other stresses of life and thus to interfere with normal function in later years. If this should be true, such studies might conceivably afford useful leads and help to unravel some of the important unsolved problems of geriatrics or the profound mysteries of the mental diseases.

There is special need for a fresh approach to the investigation of mental diseases. The causes of many types of insanity still lie hidden behind the miasma of the past. Modern science has recognized the biologic causes of certain mental illness and research has been conducted along that line. By far the greatest emphasis, however, has been placed on a search for psychic and related causes for mental disturbances. This diligent search has involved exploring the dark recesses of the mind and prying into the secrets of the human soul. Psychiatrists have brought forth a rich harvest of facts and theories to explain the increasing prevalence of mental diseases. Also, they are unquestionably able to give real relief in the treatment of certain types of mental illness.

The cold fact remains, however, that we are still groping for the basic causes of many mental diseases. We are also faced with the fact that no effective method has yet been found with which to stem the increasing tide of mental cases which require institutional care. There is great need for effective procedures which can be applied on a wholesale community-wide scale to prevent all forms of insanity and thus relieve the nation of these costly afflictions.

I therefore urge that a new approach be adopted in the search for the basic causes of mental diseases. It seems possible that in our current preoccupation with theories of psychic and vague environmental causes, we are dealing with what, at the most, could merely be secondary or immediate causes of mental disturbances. If this should be true, then the real need is to concentrate on uncovering the primary cause or causes. In our present state of confusion about mental disease, we may be just as far from

the truth as were the pioneer investigators of the last century about the causes of cholera, typhoid, syphilis and encephalitis.

In 1882, the health officer of Providence wasted much time, energy and money trying to prevent typhoid fever by protecting the people of this City against the stenches of the pigpens, privies, and cesspools of the community. We now know that all he needed to do was to block the normal channels for the transmission of the typhoid bacillus. May it not be possible that today we are spending too much time, energy and money trying to clean up cesspools of the mind, and that we could more profitably try to discover and remove the specific biologic causes of the mental diseases?

Regardless of the answer to this particular question, it is obvious that we are making little or no headway following our present nebulous channels of fragmentary research, and I believe that a new approach is indicated.

With this in mind, I hope to add to the staff of our School of Public Health a group of keen young investigators, endowed with professional ability, vision and common sense, who will dedicate their lives to an objective investigation of this problem without any preconceived notions as to the causes of insanity. If the funds can be found to finance such a group, it is hoped that its members will approach the problem of mental disease as an entirely new field of research; that they will attack it as objectively as the early pioneers in bacteriology studied the infectious, epidemic diseases during the last century.

It has long been known that certain acute infections, metabolic disturbances and vitamin deficiencies can produce either temporary or permanent brain damage resulting in abnormal mentality. Within recent years we have learned that some infections—especially in the virus and rickettsial groups—may have long incubation periods. We also know that various infectious agents, including the virus of herpes and the rickettsia of epidemic typhus fever, can remain dormant but alive in the body over long periods of time without causing recognizable symptoms — until months or years later, when the individual is subjected to some contributing condition. It therefore seems likely that a still undetermined proportion of the mild or undetected diseases of early life might produce inapparent damage which could later interfere with the normal functions of the brain.

It is believed that our new research team could profitably examine the whole range of mental diseases and attempt to determine what proportion of the present large accumulation of mental patients may have developed their insanities as a delayed result of the numerous diseases and traumatic insults to which they have been exposed in early life.

The investigators would undoubtedly approach their problem from a number of angles. I believe that they would first wish to make a careful restudy of the literature to obtain a more definite, composite picture of the disease conditions and accidents already known to produce either temporary or permanent mental abnormalities. Syphilis, encephalitis, alcoholism and drug addiction are well recognized examples. Also, it might be rewarding to study various types of mental patients along with normal controls, using the new techniques of microbiology, physiology and biochemistry in an attempt to detect significant relationships with the diseases and accidents experienced during their entire lives, either before or since birth.

It seems possible that through such an approach, additional specific biologic causes could be discovered for the numerous mental diseases which continue to occur. If so, the next step would be the development of practical methods for their prevention, and the use of such methods in a vigorous attack on these basic causes.

It should be pointed out that the application of preventive knowledge is not a job which can be delegated to the professional health worker alone. Disease prevention is a vital service to the nation, and the responsibility for rendering such service must be shared by both the professions of medicine and public health. The general practitioner of medicine can increase his contribution to community health by following the example of the up-to-date specialist in pediatrics, who is not only concerned with the treatment of his patients but with keeping them well. All the hospitals of the country can help enormously in disease prevention by following the lead of the relatively small group of hospital administrators who are now practicing good preventive medicine. Such hospitals really serve as health centers for the community. Members of their staffs are concerned not only with the recovery of their patients, but with the maintenance of good health among the families and the communities which they serve.

The American physician also has a direct obligation to see that the agencies organized to operate our community, state and federal health programs are properly staffed, guided and supported by the medical profession. This public service is taken for granted by physicians of vision in many communities. It should become a part of the daily life of every member of the profession.

If preventive medicine is really to become the medicine of the future, its constructive objectives will have to be adopted by all of our medical schools. The teaching of preventive medicine cannot be relegated to a subsidiary place in the curriculum, but

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PULMONARY HAMARTOMA

— *With Case Reports* —

PHILIP COOPER, M.D. AND DAVID V. PECORA, M.D.

The Authors. *Philip Cooper, M.D., Chief, Surgical Service, and David V. Pecora, M.D., Section Chief, Thoracic Surgery, U. S. Veterans Hospital, Providence, R. I.*

PULMONARY HAMARTOMAS are relatively rare. In 1950 Lemon and Good[1] were able to find only an estimated 120 to 125 in the literature. McDonald et al[2] reported an incidence of 0.25 per cent in a series of 7,972 autopsies. Sex distribution has been variously reported as equally divided [3, 4] or in favor of the male by a ratio of 2 or 3 to 1. [1, 2, 5] Although the tumor may be discovered at any age, the average age lies in the fifth decade. Discovery of the lesion is usually incidental as symptoms are rarely present.

When they do occur they are usually due to secondary suppuration or pressure on a neighboring structure.

The lesions vary from a few millimeters to several centimeters in size, but are usually less than one centimeter in diameter. They are most frequently located near the pleura, though occasionally they may lie within the bronchus or near the hilum. There is nothing characteristic in the x-ray appearance, but when irregular calcification is present, the differential diagnosis is essentially narrowed to tuberculoma or hamartoma. Calcification, when present in an echinococcus cyst, occurs in the periphery of the tumor.[4]

Grossly the tumor is discrete and very firm to palpation. Microscopically it is well encapsulated and is composed of tissues normally found in the lung, namely, cuboidal or columnar, sometimes ciliated epithelium, cartilage, sometimes bone, smooth muscle, lymphoid tissue, and fat. Albrecht[6] in 1904 in naming the tumor "hamartoma" (error tumor) called attention to the fact that it was composed of tissues normally present but arranged in an abnormal fashion. In all probability these lesions represent abnormalities in growth and development rather than neoplasia.[7] Incontrovertible evidence of malignancy has never been reported.

Reviewed in the Veterans Administration and published with the approval of the Chief Medical Director. The statements and conclusions published by the authors are the result of their own study and do not necessarily reflect the opinion or policy of the Veterans Administration.

Case Reports

I. History: J.F. (No. 5790), a 29-year old white male was admitted to the Veterans Administration Hospital, Providence, Rhode Island, on April 12, 1951, with a two-year history of vague dull constant pain in the epigastrium and anorexia. His weight had decreased from 186 to 152 pounds. The patient had had a gastro-intestinal x-ray series which he believed to have been negative. He had no cardio-respiratory complaints. At age 16 the patient had had repeated chest x-rays but was never told why. (Repeated attempts to get these were unsuccessful.)

Physical Examination: Temperature 98; pulse 92; respirations 22; blood pressure 138/88; the remainder of the examination revealed no abnormality.

Laboratory: Routine admission chest x-ray revealed a 1 cm. round homogeneous density at the

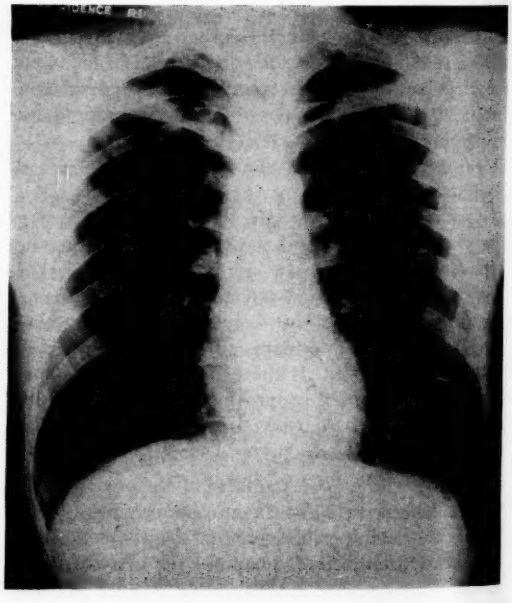

Fig. IA Roentgenogram Revealing Round Homogeneous Density in Left Lower Lung Field. (Case I)

base of the left lung (*Fig. IA*). Cholecystogram, pyelogram, and complete gastro-intestinal x-ray series were negative. Hemoglobin 15.5 gm., white count 9,700, polymorphonuclear neutrophils 54% (3% non-segmented), lymphocytes 42%, monocytes 2%, eosinophiles 2%. Urinalysis and serology negative. Sputum repeatedly negative for acid fast bacilli on smear.

Hospital Course: Operation was accomplished through a left thoracotomy incision. A one centimeter peripheral very firm tumor was palpated at the base of the lower lobe. This was removed with a small margin of normal lung by wedge resection. Postoperative course uncomplicated.

Pathology: Gross: Small spherical 1 cm. blue-tinted nodule cartilaginous in texture. Tissue appeared on cut surface to be composed of pearly white, whorled and trabeculated elements. Microscopic (*Fig. IIA*): Section composed largely of cartilaginous islands surrounded by soft tissue containing epithelial elements composed of cuboidal to columnar ciliated cells whose nuclei were rather large, ovoid and hyperchromatic. The epithelium was irregularly distributed and was surrounded by loose fibrous and fatty tissue.

Fig. IIA Microscopic Section of Hamartoma. (Case I)

II. History: E.L. (No. 8262), a 44-year old white male laborer was admitted to the Veterans Administration Hospital, Providence, Rhode Island, on October 29, 1951, because a routine chest x-ray revealed a lesion. Several months before admission, patient developed a cough with production of a small amount of mucus, especially in the morning. Patient had recently lost about 15 pounds. Two days prior to admission, patient had noted swelling in feet and lower legs. Patient was a heavy drinker.

Physical Examination: Temperature 98; pulse 78; respirations 18; blood pressure 120/62. Except for 3 plus dependent edema of both feet and lower third of legs and a grade three blowing systolic apical cardiac murmur, the remainder of the examination revealed no abnormality.

Laboratory: Admission chest x-ray revealed a rounded homogeneous density of about two centimeters in diameter at the left base posteriorly (*Fig. 1B*). Intravenous pyelogram and complete gastro-intestinal x-ray series were negative. Hemoglobin 12.5 gm., white count 16,250, polymorphonuclear neutrophils 83% (21% non-segmented), lymphocytes 15%, monocytes 2%. Urinalysis and serology negative. Sputum was negative for acid fast bacilli and fungi on smear. Total serum protein 5.5 gm. per cent; serum albumin 3.7%; serum globulin 1.8%; blood urea nitrogen 9 mg. per cent; thymol turbidity 1 unit. Electrocardiogram was within normal limits.

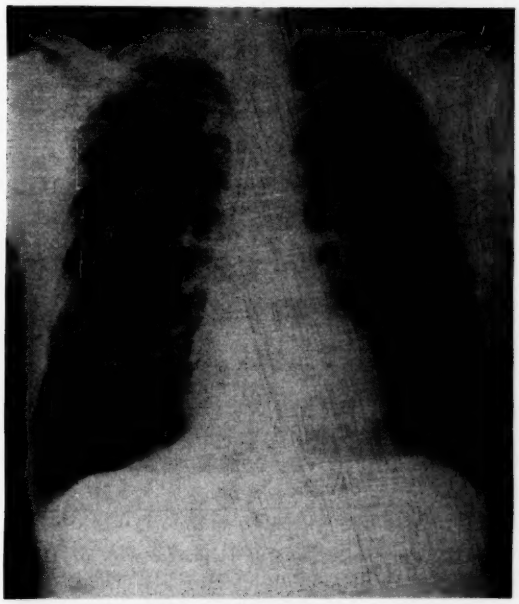

Fig. IB Roentgenogram Revealing Round Homogeneous Density in Left Lower Lung Field. (Case II)

Hospital Course: With proper diet the patient's serum total protein rose to 9.1 gm. per cent. Concomitantly the edema noted on admission subsided. Bronchoscopy was performed and no abnormality was noted. On December 28, 1951, a left thoracotomy was performed. A small nodule was encountered near the diaphragmatic surface of the posterior basilar segment of the left lower lobe. As the lesion was very discrete and cartilaginous in consistency, it was enucleated. Postoperative course uncomplicated.

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Fig. IIB Microscopic Section of Hamartoma. (Case II)

Fig. III Gross Appearance of Hamartoma. (Case II)

Pathology: Two-centimeter firm, irregularly lobulated spherical body (*Fig. III*). Cut surfaces were smooth and waxy, in which irregular serpiginous gray-yellow strands were noted. Microscopic sections revealed central spaces lined with respiratory epithelium in the walls of which irregular bundles of smooth muscle were seen. These structures were surrounded by mature cartilage showing an irregular distribution of nuclei (*Fig. IIB*).

Comment: The only rational approach to the treatment of this type of lesion is surgery, for an accurate diagnosis cannot be made pre-operatively. If surgery is not accomplished, an early malignancy may be overlooked. When resection is undertaken, it should be the most conservative possible.

Summary: Two cases of hamartoma are presented and various aspects of the lesion discussed.

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MEDICINE OF THE FUTURE

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must be carefully organized as a strong department staffed by distinguished, effective teachers of broad vision. Also, the enlightened principles of preventive medicine should be accepted, practiced and taught by every member of the medical faculty, including the surgeon and the internist; and young physicians should be encouraged to enter the specialty of public health. When this has been done, we can hope to develop within a relatively short time a new generation of physicians who are armed with a broader concept of their professional duties and a more satisfying vision of their opportunities for national service.

The medical profession of this country has a proud record of accomplishment. Within a short time it has become highly proficient in the treatment of the sick. Its members have given the major leadership in the development of the specialties of preventive medicine and public health. It is now ready to make its greatest contribution to the nation through the prevention of disease.

The challenge of preventive medicine and the satisfactions which it offers to those who practice it faithfully and well were keenly sensed and eloquently expressed by Charles V. Chapin in 1921. In the conclusion to his *History of State and Municipal Control of Disease,* he wrote:

> "Figures do not measure the terror of epidemics, nor the tears of the mother at her baby's grave, nor the sorrow of the widow whose helpmate has been snatched away in the prime of life. To have prevented these not once, but a million times, justifies our half century of public health work."

In closing this Charles V. Chapin Oration, I congratulate the Rhode Island Medical Society and the citizens of Providence on the fact that this City was the birthplace of one of America's great leaders in public health. I also congratulate you on the manner in which your community supported the distinguished work of Charles V. Chapin, and the way in which you are now working toward his objectives. I know of no community that has produced a native

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THE PRACTICE OF MEDICINE TODAY*

— *Presidential Address* —

HERMAN A. LAWSON, M.D.

President, The Rhode Island Medical Society, 1951-52

THE NECESSITY of delivering the Presidential address in compliance with the By-laws has troubled me more than any other duty or responsibility of the office with which you have honored me. The high standard set by many of my predecessors has made the task more difficult. It is not easy for one who has no natural talent in such matters to bring to an audience like this a message that is worth the bringing or that will sufficiently reward the courtesy which you display in remaining to listen.

In considering what might be appropriate or worthy of your consideration it was natural to look into the records of our Society to see what others had found to say. Perusal of the records and transactions of the Rhode Island Medical Society was most interesting and revealed that speakers of 50 and even 100 years ago were impressed with the very things which I thought characterized our times. The members of this Society of a much earlier day felt moved to exclaim over the "very great advance of medicine in recent years." Dr. J. W. C. Ely used that phrase in speaking at the annual dinner in 1898. Dr. Frederick Shattuck of Boston, a guest speaker of the same period, quoted the famous Dr. James Jackson who is said to have remarked perhaps 100 years ago that there was at that time more absolutely known about medicine and its practice than the mind of any one man could grasp. This was almost the exact phrase which I had planned to use in commenting upon medicine in 1952. That is gratifying perhaps, because James Jackson was an outstanding physician, but it is disturbing to think that future generations of doctors may think lightly of our accomplishments in view of what may be added to the solid groundwork already laid; although it seems incredible to me that they should ever do so.

This is the 141st Annual Meeting of the Rhode Island Medical Society which was founded in 1812, and has now reached a very respectable old age as things go in this country. The changes which have taken place in American life as well as in American medicine during the lifetime of our Society have been tremendous. When it was founded James Madison was President, having had but three predecessors in that high office. George Washington had been dead only a dozen years; John Adams was living his austere life in comfortable retirement and security in his Massachusetts home, while Thomas Jefferson at beautiful Monticello, troubled by poverty and debts, had been obliged to sell his uniquely valuable library. The United States of America was scarcely 25 years old; our little state, always very independent, had been the last to ratify the constitution which it had done only 22 years before. Abraham Lincoln was a little boy of three living in the wilderness of Kentucky. Eight or nine years before we had acquired a tremendous new area through the Louisiana purchase. Florida still belonged to Spain and was described by a contemporary writer as "an unpatrolled wilderness." Russia had established trading posts on the western coast as far south as San Francisco Bay. In what seems the typical Russian attitude, so familiar today, the Czar refused to allow ships of any other country to approach within 100 miles of what he called "Russian America."

Robert Fulton had sailed the first steamboat on the Hudson River, but no steamship had as yet crossed the Atlantic Ocean. A regular stagecoach line made it possible to travel from Boston to Savannah but the uncomfortable trip took 22 days and was not inexpensive. Travel by this means from Boston to New York required four days traveling at an average speed of 53 miles per day. The cost of travel to Savannah from Boston was seventy dollars, and approximately twenty-five dollars additional was required for board and lodging enroute. In June 1812 we were precipitated into another war with Britain, a war in which a Rhode Islander from South County distinguished himself at Lake Erie. Fortunately this conflict was not prolonged, and peace was declared on Christmas Eve in 1814. As a result the American people received as a Christmas present almost a century in which to concentrate on their own affairs.

Medicine in the days of the founding of our Society had great deficiencies, although very impor-

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*Delivered at the 141st Annual Meeting of the Rhode Island Medical Society, at Providence, May 6, 1952.

tant advances in fundamental knowledge had been made by the researches of Albrecht von Haller, the Reverend Stephen Hales, Cavendish, Priestley and Lavoisier, and others. The great Hunter brothers, John and William, had died but 20 and 30 years before. Morgagni and Baillie had done important work in pathologic anatomy, and Augenbrugger had very recently demonstrated the value of percussion in physical diagnosis. Laennec had not yet described his stethoscope, and the world had a number of years to wait for Claude Bernard, Semmelweiss, Pasteur, Koch, Virchow, Lister, Morton, etc.

But great achievements could be counted. Lind had clearly shown the way to prevent that terrific scourge of sea voyages and land expeditions, the scurvy; and Jenner had made his magnificent contribution to human happiness by publication of his work on the prevention of smallpox. But by our standards there were very serious deficiencies. Plague, typhus fever, yellow fever, diphtheria and other epidemic and infectious diseases remained and made life at all ages hazardous and uncertain especially in childhood. Bacteriology was completely unknown and anesthesia was a blessing for which the human race still had a number of years to wait. Even the wide and universal application of vaccination in the prevention of smallpox was not carried out, though its efficacy had been clearly demonstrated.

In reflecting upon the past it is very natural that we should experience a feeling of great pride in the amazing accomplishments of modern medical science. To enumerate the remarkable advances which have been made, especially in our lifetime, would be tedious and time-consuming even if I were able to name them all. Medicine has succeeded in a spectacular and gratifying way in its primary job, the conquest of disease. Through the patience, devotion and courage of many individuals, physicians, surgeons, public health experts and a host of colleagues in allied sciences, we have arrived at a point at which no man can comprehend or be fully informed of the knowledge which is accumulating at such an accelerated pace and in geometrical progression. We seem to be constantly on the threshold of important discoveries so that, in optimistic moments, one feels that there will soon be a happy solution to all the problems that remain.

But we cannot devote too much time to the pleasant and satisfying contemplation of the triumphs of medicine. Too many difficulties await our attention. Some, indeed, have been created by our successes in other ways. The striking extension in life expectancy in the last 50 years, for example, has resulted in a continued increase in older people in our population, a situation which will worry the experts in sociology and economics more than the doctor. But they will need our help, and the trend in population will require sound planning and clear thinking on our part as well.

Even those triumphs of medicine which I mentioned are not always complete or perfect. The benefits to the human race provided by the discovery of penicillin and other antibiotics are beyond measure. It is impossible even to estimate the number of lives that have been saved, the complications of infections that have been prevented or cured, and the amount of chronic illness and disability that has been avoided. These remarkable agents by prevention of infection have enabled the surgeon to perform feats of surgery hitherto untried or too dangerous. They have caused a tremendous saving of hospital facilities and eliminated many prolonged and expensive illnesses. In spite of this truly astonishing record the benefits may ultimately be much less than we have expected. It is seriously disturbing to see the emergence of increasing numbers of strains of bacteria which have developed varying degrees of resistance so that some in fact will not grow except in culture media to which one or another antibiotic has been added. There is also the added danger in patients under treatment with antibiotics of development of secondary, complicating and even fatal infections by resistant organisms ordinarily non-pathogenic. Even ACTH and Cortisone, those truly amazing wonder drugs, have limitations and even dangers which restrict their usefulness.

Moreover, although the practical application of the many increases in knowledge have made treatment much more effective and the therapy of certain diseases relatively simple, the practice of medicine has not been made easier. In many ways it is more difficult and more and more exacting because greater care and precision in diagnosis are demanded so that patients may receive the full benefit of new therapeutic agents and new modes of treatment. An increasingly heavy burden is imposed upon the conscientious doctor who must devote considerable time and energy in the never-ending struggle to keep himself informed of everything that will be helpful to his patients. As a matter of fact the doctor must not only read medical and scientific journals and attend clinics and conferences, but he can scarcely afford not to read in the popular magazines those columns devoted to news about medicine. The public is much better informed than ever before through the medium of the press, radio and television and as a result of the higher level of general education. People are used to "buying for quality when they shop" in these days and they are "making increasing use of that yardstick" when they seek medical care and advice.

Perhaps more than ever before men of medicine are essential to the welfare of our country. There is scarcely any activity of national importance in which medical science does not have some vital role to play. Industrial medicine grows increasingly important in protecting the worker and ensuring continued industrial output.

The success and survival of our armed forces is dependent upon the best medical care and sanitation as much as upon modern weapons. Waging warfare in the Far East has introduced new dangers from diseases not previously known to doctors in America, and it has been necessary to send teams of experts to Korea to solve the problems of epidemiology, etiology, treatment and prevention of such little known diseases as epidemic hemorrhagic fever. Comparison of health conditions in our country with those in the backward countries of Asia will provide striking and graphic examples of the importance of the doctor in the development and prosperity of any country.

The continued maintenance of good public health at home is essential to the safety and welfare of our country. The tremendous increase in speedy travel to and from all parts of the world requires constant vigilance to prevent the introduction of diseases which so far have been unknown or so rare that they are not a menace in this country. The introduction of plague into the United States west of the Rocky Mountains furnishes a good example of the importance of such protection. This very serious epidemic disease has gained a foothold by spreading amongst various types of rodents in the southwestern United States, a foothold from which it has been impossible to dislodge it as yet. Public health officials are now concentrating their efforts on the prevention of its further spread to areas east of the Rocky Mountains.

The development of aviation is intimately related to and dependent upon aviation medicine. The practical applications of the rapid technologic advances in the science of aviation will be to a large extent limited by the human capacity to tolerate the speeds and heights of travel which are technically possible.

The increasing numbers of people who now survive disease or illness which may leave them with crippling disabilities make the task of widespread and effective rehabilitation increasingly important for the sake of the patient as well as to prevent his becoming a burden upon his family or community.

A much longer list of important ways in which medicine plays a vital role in our national welfare can be prepared.

The practice of medicine today is such an exacting responsibility that it is difficult to find the time or energy to devote to that other side of a doctor's life, the attempt to find sound solutions to the social and economic difficulties so closely related to medical practice in these times. But the job must be done and is being done. Some of these problems exist because others — statesmen and politicians, business men and economists have not succeeded in the solution of problems which are their responsibilities to the same degree that medicine has. Most of these problems are all too familiar to you and you may be rather tired of hearing about them no matter how important they may be. They include the question of how to provide distribution of good medical care and how to pay for it; good public relations; the cost of medical education and the financial plight of our outstanding medical schools; the increasing cost of hospital care; and the continued threat from those who would change the system of practice under which American medicine has achieved such outstanding success. Much has been accomplished already in solving some of these problems; a good start has been made in others, and much still remains to be done in regard to many. Many are new problems or problems which have been greatly magnified by the changing economic and social conditions in all spheres of American life. It is not reasonable to expect that they can be solved easily and quickly, and we must seek to avoid hasty and radical changes. One of our most effective contributions will be the continued, patient, tactful and convincing interpretation of the issues involved. There is a great deal of misinformation and incomplete information in the minds of many people, and we can do much to correct such a situation.

Good public relations involves many things. I have felt for a long time that the most important thing that we can and must do to promote public confidence is to eliminate those few members of our profession who are unworthy. Such men are very few in number, I am sure, and my experience during the past year helps to confirm that opinion. As President of our Society I received occasional communications by letter or telephone from patients or their families who felt they had a justifiable complaint against a doctor. They were surprisingly few in number, three or four at the most. The most interesting and surprising fact was that these complaints were not about the doctor's bill, or complaints of incompetence or negligence, but arose because the doctor had failed to take the time to explain clearly and in detail the pertinent facts in regard to the patient's illness. These individuals were troubled and resentful because they were left somewhat in the dark in regard to the exact diagnosis, the type of operation performed, the possibility or probability of cure or continued chronic illness, the nature of the treatment being given, etc. This is a

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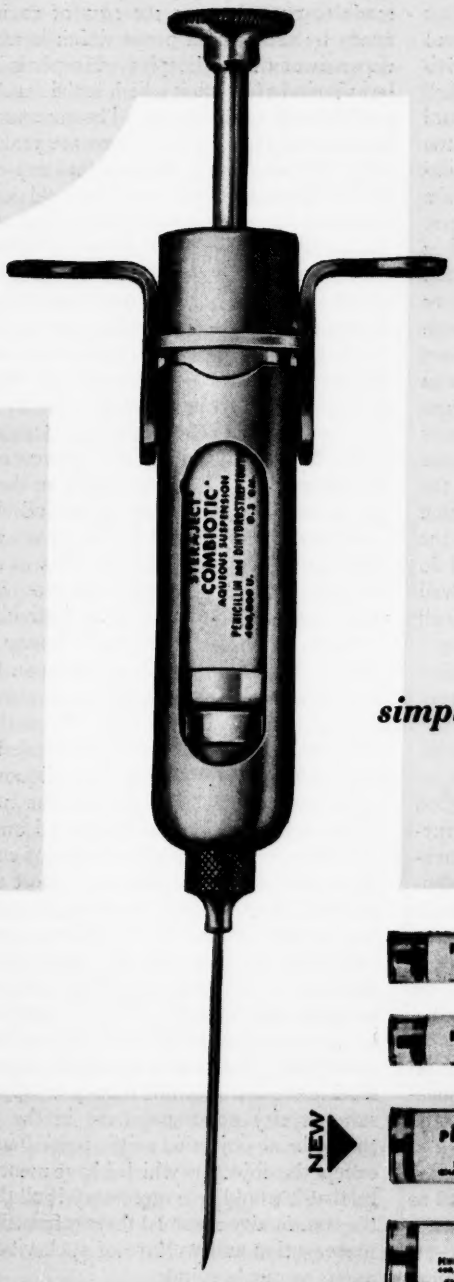

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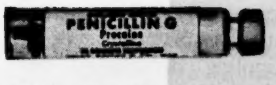

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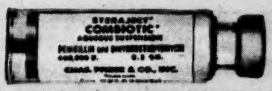

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THE PRACTICE OF MEDICINE TODAY

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form of dissatisfaction that should not arise and can easily be prevented. We should all seek to live up to the original meaning of the word "doctor" which was a teacher. Unfortunately, since doctors are, after all, human beings and subject to the same frailties and deficiencies of human beings in general, there will be occasional individuals who are dishonest or greedy or negligent or incompetent. Although they are few in number they stand out in glaring contrast. They bring us into disrepute and cast a shadow upon our profession which it does not deserve. If we are alert and courageous enough to deal with them, if we carefully clean our own house, we need not worry about those critics who find fault with us. The danger from within is the greater one, and we must have sufficient toughness of moral fiber to deal with the problem. It is one which is not only highly important, but also the most difficult, complex and prickly one with which we can become involved. If we do not have the courage and wisdom to do what is required and do it thoroughly and honestly, we may just as well cease our other efforts to achieve what we call "good public relations."

The high cost of hospital care is a condition which troubles doctors and public alike. This increasing cost is readily understandable by anyone who approaches the question with an open mind. It would be remarkable, indeed, if costs had not increased in these times. There is moreover good reason to anticipate the cost may increase still further. Every advance in medical knowledge introduces such a possibility, as a consequence of the increasing number and complexity of the tools of medicine available only in hospitals. If such intricate and expensive diagnostic and therapeutic means will save a life or prevent crippling or disability, we must use them no matter how costly they may be. Hospital administrators or trustees should not be disturbed when they are questioned about hospital costs. Their integrity and competence is not questioned and does not enter into the inquiry, but there is always room for differences of opinion. The whole community owes a debt to those unselfish and able men who year after year have devoted so much of their time, thought and energy to the management and preservation of such invaluable assets as our hospitals. Thoughtful people have every sympathy with them in their perplexities today in trying to make both ends meet so that the capital funds of any hospital do not become depleted. Perhaps some of the means by which they seek to make "both ends meet" are not fair to those patients who pay their hospital bills and who may be doubly penalized by the necessity for X-ray and laboratory examinations for which additional charges must be made. I feel that paying patients should not be made to contribute to the cost of caring for the needy by means of a profit which is made by any department of the hospital. Hospitals should not be ashamed of a deficit which is the result of giving medical care to the needy. The community should be ashamed if its hospitals operate year after year with a deficit. It is a disgrace that any community, like the State of Rhode Island, should not give more universal support to those institutions which serve them year after year faithfully and efficiently. All the citizens of Rhode Island, except those who are actually financially unable to do so, should provide the support which our hospitals need. There is too much emphasis and exaggerated importance given to the "drying up" of philanthropy, the disappearance of those wealthy benefactors who in other days were willing and able to give the large sums which supported our hospitals and prevented a deficit. The support should now come from the many people in the state who could make individual, small contributions. It would be very easy to eliminate deficits and even provide a surplus in this manner without strain or hardship upon anybody. I am very sympathetic toward those individuals who, I am sure, often feel a sense of dismay at the continuous multiplicity of demands upon their generosity, the constant appeals for support from all manner of worthy enterprises. Nevertheless, when one considers the vast sums expended upon nonessentials and luxuries—tobacco, liquor, cosmetics, candy, movies; when one sees the numbers and types of automobiles which crowd our highways, and observes the expensive forms of entertainment which are not uncommon, the forest of television antennae in every section of our city and state, and the incredible sums of money thrown away at race tracks, it is clear that a very small and inconsiderable part of this money would not only support our hospitals, but actually provide a surplus for them. If, however, the public does not appreciate its responsibility, the hospitals have no other alternative than to request that this money be appropriated by state or city government, as in the past. There should be no objection on the part of anyone to this, except the objection which I have mentioned, namely, that it would be unnecessary if all the citizens of the community assumed their responsibility for the preservation and welfare of such vital community assets as our hospitals.

Medical education presents serious difficulties because medical schools, like hospitals, are facing great financial problems. There are some who advocate drastic changes in the type of education which doctors should receive. Professional educators need the advice of thoughtful and intelligent practitioners in this connection as well as the opinions of pedagogic experts. Because of the long prep-

aration and the expensive education which a doctor must have to fit him for the responsibilities of the practice of medicine, there are some who would seek to shorten this long period by eliminating or reducing some of the customary pre-medical education. A preliminary college course with emphasis on a general and liberal education should never be abandoned. A physician must be a "man of infinite resource and sagacity," and a practical humanitarian as well. Ideals and ideas are still very important in the world. In spite of our justifiable satisfaction and pride in the achievements of scientific medicine, there are too often situations in which science can offer nothing more to the patient. He may be permanently disabled or afflicted with a fatal disease. If the physician is an understanding person, and will make the effort, he can be of tremendous help to that patient at a time when he needs that help more than ever. The broad interests, tolerance and understanding which a liberal education should enable one to acquire will be invaluable in such situations which arise so frequently. "Skill in practice consists not only in diagnosis, prognosis and ordering medicine, but is the unit of all the powers that the doctor legitimately brings into the management of cases." We must remember that "diseased bodies are inhabited by minds that have warm sentiments, strong passions and vivid imaginations." In spite of the obvious and great benefits of science in all its forms, it is equally true that for millions of people in the world today there is need for something else. The concepts embodied in the Magna Charta, the Declaration of Independence, our American Constitution and Bill of Rights or the Sermon on the Mount have the power to give courage, inspiration and hope to millions of people. I have no doubt that the oppressed men and women in many countries today would gladly forego the benefits of modern science if they could have restored the personal, political and religious freedoms which have been taken from them.

It is a great privilege to be a doctor. That man is fortunate who earns his living in an occupation which can be so fascinating and satisfying as the practice of medicine, in spite of all the inescapable hard work and heavy responsibility involved. Nothing can be of more absorbing interest than people. The doctor also has those rare moments when he is certain that he has saved a life or restored another to a state of health and usefulness. He observes at first hand the gradual development of new knowledge in scientific medicine, and the slow but gradual solution of its intricate problems. While engineers have been striving to invent and perfect new machines which are marvels of ingenuity and complexity, doctors have been dealing for centuries with the most amazing machine of all. The perfection and precision of its automatic regulation is something which the most competent and scientific engineers have been unable to duplicate. The miracles of chemistry which the tiny microscopic cells of the body perform constantly should lead any thoughtful physician to develop a feeling of awe, wonder, and humility. If he is not so affected he must be spiritually dead. The fellowship of science which passes all borders of race and nation, and which shares its new knowledge freely with all is another of the great privileges which we enjoy. In times like ours when so much of the world's treasure and so much thought and effort are being expended on the development of destructive machines, it is refreshing to be part of a profession which is striving instead to preserve life and to restore health and happiness to mankind.

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Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit, and behoof of the Fiske Fund. The successful author must agree to read his paper before the Rhode Island Madical Society at its annual meeting to be held in Providence in May, 1953.

Letters accompanying the unsuccessful dissertations will be destroyed unopened by the Trustees, and the dissertations may be procured by their respective authors if application be made therefor within three weeks.

The dissertations must be typewritten, double spaced on standard typewriter paper, and should not exceed 10,000 words. If the dissertation is illustrated, such illustrations will be published at the expense of the author.

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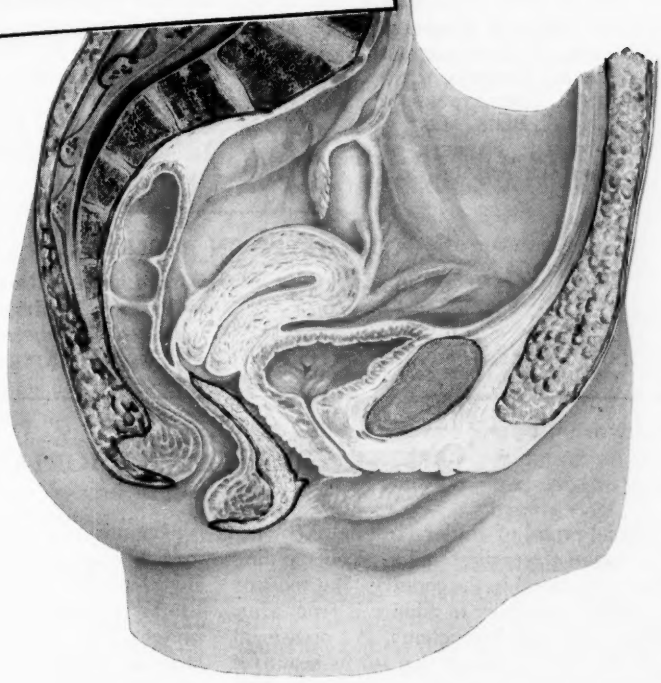

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*Collins, J. H., and Ellington, C. J., Jr.: Vulvovaginitis, New Orleans M. & S. J. *104*:220 (Dec.) 1951.

RESEARCH IN THE SERVICE OF MEDICINE **SEARLE**

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BUTLER HOSPITAL MEMORIALS

WE ARE all proud of Butler Hospital, knowing it as one of the earliest and most outstanding institutions of its kind in the country. But most of us have rather a tendency to admire it from afar, feeling ill at ease with its contents. An occasional visit there fills us with admiration for its beautiful setting, accentuating its seclusion and freedom from the turmoil which general hospitals have to share with the outside world.

Recently Butler Hospital has attracted our attention by memorials to two of its famous superintendents. In the spring the Isaac Ray Medical Library was dedicated as a memorial to its first superintendent. He came down from the state of Maine, and, with the assistance of another remarkable person from there, Dorothea Dix, proceeded to form a firm foundation for a psychiatric institution. He was a founder of the American Psychiatric Association. We are told that his book on the "Medical Jurisprudence of Insanity" was pioneer work and the firm foundation for future developments. We are also told that he was one of the first to use the term "mental hygiene," since then made so familiar by another superintendent of Butler.

The new Library is an interesting and delightful place. Situated on the fourth floor of the main building it has at each end a large show window, affording fine views of the beautiful grounds. We believe this main building is Gothic in its architecture. Certainly none of the buildings there suggest anything modernistic, but you feel on entering this Library that you have arrived most distinctly in the present. The walls are plain paneled wood, and a large oil painting of Dr. Ray is inserted directly into the paneling; a new and striking departure from the ornate heavy frame which must originally have enclosed the portrait. An old fireplace was discovered in remodeling the room. It strikes us as anachronistic to combine a fireplace with our most up-to-date type of interior, but we learn on good authority that it is much done. It is interesting to know that not only was the construction and remodeling made possible by the use of the hospital's "capital improvement funds," but that the actual work was performed by master craftsmen in the regular employ of the hospital.

Scattered about the Butler Hospital there were already thousands of books which gathered together here make a nucleus for a library. There is ample shelf room for developments. It is intended that in the future the Library will contain a Union Catalog of all the psychiatric libraries in the United States. In connection with this, it is interesting to note that the American Psychiatric Association has recently established the Isaac Ray Award Committee for the encouragement of the improvement of

the relationship between psychiatry and the courts.

Butler Hospital has indeed been fortunate in its superintendents. The older members of our profession hereabouts remember with pleasure and admiration Dr. G. Alder Blumer, the scholarly head of the institution in our earlier days. One of his best pieces of work was to bring up in the way he should go, Dr. Arthur H. Ruggles, our contemporary, who succeeded Dr. Blumer as superintendent. Dr. Ruggles has been no recluse on the banks of the Seekonk, for few men have entered more actively into the life of the community, and indeed the country, than he has. We cannot detail here the many positions he has held and the work he has done.

Locally he has been President of the Providence Medical Association and the Rhode Island Medical Society, and farther afield he has been President of the National Committee for Mental Hygiene and the American Psychiatric Association.

In a previous issue of this *Journal* we have printed Dr. Carl Binger's delightful remarks on the first of the annual Arthur Hiler Ruggles Orations which Butler Hospital has instituted in his honor. Since then Dr. Ruggles' college, Dartmouth, has still further honored him. All his life he has been active in the affairs of this college, being most certainly one of its leading alumni; he was Trustee for many years.

At a recent Dartmouth Alumni Association meeting here it was announced that a scholarship fund was being created in Dr. Ruggles' name. We can think of few better ways to perpetuate such a man's name, for throughout his whole career Dr. Ruggles has been closely associated with scholarship, both academic, as exemplified by his college, and in medicine and psychiatry, as has been described above.

Butler Hospital has done well in honoring two of the able men connected with its long history. Few of us knew much about Dr. Ray. He lived a long while ago; we are not, as a rule, historically minded, and when we are the physicians and surgeons have undoubtedly loomed larger than the psychiatrists. Our colleague and friend, Arthur Ruggles, of course, is well known to us. We did not need to be told of his many accomplishments, and honors, but we are pleased that they have been so officially memorialized. Our sincere congratulations to Arthur Ruggles.

TRAGIC LOSSES

It has not been the custom in the RHODE ISLAND MEDICAL JOURNAL, of late years, to print formal obituaries of our members who have died. Occasionally we of course have mentioned such men as the late Drs. Mowry and Gerber, who had been so intimately associated with the Society's work for many years.

It has naturally followed that most of these men had gotten beyond the most active portion of their lives. In the last year it has been the misfortune of the medical profession in this state to lose a number of young men just starting on what should have been their most productive period.

On one service, that of surgery in the Rhode Island Hospital, two of these youthful men have died suddenly. Dr. Angelo Scorpio succumbed to what might almost be considered the doctor's disease, coronary occlusion.

It is becoming evident that one of the hazards of the practice of surgery is the blood born infections attacking the liver. Dr. Frank B. Littlefield had impressed us all with his fine character and his professional ability especially in doing plastic surgery. The suddenness in which he was overwhelmed by his disease intensified our feeling of loss.

His death was followed within a few days by that of Dr. Herman P. Grossman, who had established himself as a particularly gifted ophthalmologist, eye surgeon, and teacher. He was much of the type of his late associate, Dr. Harry Messinger, a great scholar with great ability to impart his knowledge and wisdom, and with an earnest desire to help all the rest of the profession.

It has been indeed a bitter blow to this community to lose these fine, brilliant men just at the time when we had confidently expected to profit by a good number of years of mature work.

JOHN E. FARRELL, SC.D.

The Rhode Island Medical Society and the RHODE ISLAND MEDICAL JOURNAL are modest institutions, and yet they do not exactly wish to hide their light under a bushel. It couldn't be done, anyway, while they are represented by such a bright and shining person as their Executive Secretary and Managing Editor, John E. Farrell.

We all are greatly pleased and wish to share the honor which he has just received at the Annual Meeting of the American Medical Association. In our mind he is preeminently suited to be the Chairman of the Medical Society Executives Conference. The medical societies of the various states of the union are represented by some mighty able men. They recognized Mr. Farrell's ability some time ago when they made him the Secretary-Treasurer of this Conference. Nobody could understand more thoroughly the problems of the state medical associations than he, for he was for three years Secretary-Treasurer of the Conference of Presidents and other Officers of State Medical Associations.

Locally he has been at the forefront in all this kind of work since he became our Executive Secretary in 1938. He was the first secretary of the New England Council of the State Medical Societies.

continued on next page

Space would not allow us to detail the innumerable activities of Providence, Rhode Island and New England, in which he is engaged. As a side issue to his activities he has been in demand as a speaker, addressing meetings not only in New England, but in distant parts of the country.

He came to us from Providence College, where he had taught and managed athletics for a number of years, so he was well trained, not only in business ways, but was expert in managing people. No man not professionally trained in medicine could understand better our great problems, and more enthusiastically work for our betterment.

The Rhode Island Medical Society and the RHODE ISLAND MEDICAL JOURNAL most sincerely congratulate him on all these recognitions which he has received of his ability and worth.

THE AMENDED SOCIAL SECURITY ACT

On May 19 the House of Representatives of Congress rejected the social security act amendments proposed for 1952, and according to press reports the rejection was due in major measure to the objection of the physicians of the country, mainly through the AMA, to certain provisions included in the act, plus the fact that the bill was rushed to the floor of the House for action under suspension of the rules.

On June 16 the bill in slightly amended form was brought back on the floor of the House, debated, and the following day passed by a vote of 361 to 22, with 46 members not voting. The bill now goes to the Senate where it is hoped it will receive careful scrutiny by that body, and will be subject to debate and open discussion before it is finally approved.

The bill, H.R. 7800, was rejected in May because it established a new Federal program under which the Federal Security Administrator was given broad and sweeping powers over the medical profession of the country, because many members of the House believed that amendments to the bill liberalizing the work clause and making other improvements in our social security system should have been permitted, and because of the strong resentment by members of the House against the technique of using the commendable benefit increase provisions of the bill as a vehicle for the opening wedge of Oscar Ewing's pet socialized medicine program.

These objections were presumably considered by the Ways and Means Committee which was indicted on the floor of the House on June 16 by Congressman Reed of New York who stated "I condemn the secret method employed by the Democratic members of the Ways and Means Committee to exclude the Republican members of the committee from the secret political conclave. It was only by accident that the Republican members found out that such a meeting had been held for the purpose of making changes in the once defeated H.R. 7800."

Did the changes made in the bill as passed by the House on June 17 remove the objections previously noted? Congressman Reed outspokenly denies that the bill eliminates the threat of socialization of a phase of medical care by telling the House that

"Every member of the House should now clearly understand that none of these three objections (noted above) has been removed by the proposed amendments to H.R. 7800. Let me impress upon the Members again that the plain fact is that every power given to the Federal Security Administrator under H.R. 7800 as it was rejected by the House of May 19 is still contained in the H.R. 7800 as it is now proposed to be amended."

The amended bill as passed by the House, according to Mr. Reed, provides that the Social Security Administrator will, first, determine what constitutes permanent and total disability; second, establish the types of proof necessary to establish permanent and total disability; third, provide by regulation when and where physical examinations should be taken; fourth, be authorized to prescribe the examining physician or agency, including Federal installations; fifth, establish the fees; sixth, be authorized to pay travel expenses and subsistence incident to the taking of such physical examination.

This is a political year, and undoubtedly the tremendous pressure on the Congressmen from the many beneficiaries of this legislation compelled them to vote for or against the bill as a whole in view of its introduction under suspension of the rules, a procedure which limited debate and prevented amendments from the floor. From the viewpoint of the physician there can be no compromise on the unwarranted extension of the power of the Federal Security Administrator. The Senate supported this view and has deleted the controversial section from the act.

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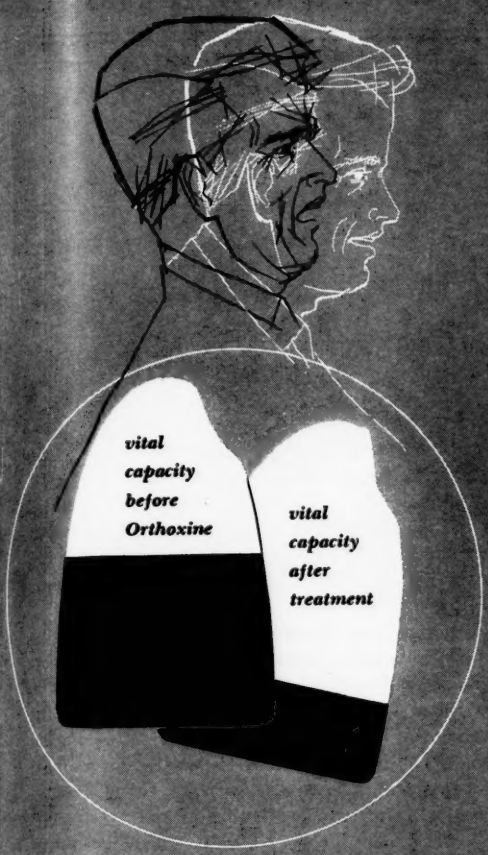

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DISTRICT MEDICAL SOCIETY MEETINGS

BRISTOL COUNTY MEDICAL ASSOCIATION

The regular bi-monthly meeting of the Bristol County Medical Association was held Tuesday evening, June 10, at the Joseph W. Martin Memorial Nursing Home in Warren, R. I.

Dr. O. John Squillante of Warren was voted an Active Member of the Association.

A committee of three, consisting of Dr. Charles W. Dunbar, Dr. O. John Squillante and Dr. Samuel D. Clark, was appointed to draw up a new set of Constitution and By-Laws to be presented at the September next meeting.

In the absence of the proposed speaker of the evening, Dr. George E. Bowles, who was to have discussed "Office Gynecology," there ensued a general discussion of Medical Ethics and Procedures in Relation to the General Practise of Medicine.

A collation was served.

CHARLES WM. DUNBAR, M.D., *Secretary*

NEWPORT COUNTY MEDICAL SOCIETY

The dinner meeting of the Newport County Medical Society was called to order by President Norbert Zielinski on May 28, 1952 at 8:30 p.m. in the Hotel Viking, with 19 members attending.

Minutes of the March meeting were read and approved.

REPORTS OF COMMITTEES: Dr. Logler reported that a state committee is studying the malpractice insurance problem and that a Rhode Island group coverage plan is in the making. Dr. Callahan moved that the Secretary contact the Packer Braman Agency to clarify the Aetna Insurance Company's status on malpractice. During the discussion Dr. Adelson pointed out that maximum malpractice insurance can be obtained with only slightly increased premiums.

UNFINISHED BUSINESS: The Secretary reported in the matter regarding Dr. Wechsler, Navy dermatologist; namely, that Dr. Wechsler could not see private patients because he had no Rhode Island license. In the matter of emergency listing in the classified section of the telephone directory, no information was available because the directory men were expected in town next week.

NEW BUSINESS: In support of the current Physicians Service drive, Dr. Malone made a motion, seconded by Dr. MacLeod, that a three-day ad be inserted in the *Daily News* emphasizing the fact that the doctors are endorsing the present drive. Dr. Logler mentioned the fact that navy personnel were eligible to join.

William Freeman, M.D., Maurice L. Silver, M.D., and Paul Houston, M.D., were voted into active membership.

The principle speaker was Dr. Norman MacLeod, Newport Health Commissioner, who spoke on, "Fifty Years in Medicine." Expanding his talk to include the early history of physicians in Newport, he spoke of John Clarke, the first practicing physician in 1638 and of John Cranston, who received the first medical degree from the General Assembly of the Colony in Medicine and Surgery. Some humor was injected by the story of Bishop Berkeley's famous Norwegian tar solution which was a cure-all in those days. Dr. William Hunter gave the first Anatomy and Surgical lectures in 1756 at the Old Colony House on Washington Square. Dr. Benjamin Waterhouse, who was born and practiced in Newport, after visiting Jenner, introduced vaccination when he vaccinated his own five-year-old son in July of 1800. In the course of his talk, Dr. MacLeod mentioned that the first patient was admitted to the Newport Hospital March 22, 1873 and that hospital expenses were $365.39 and that a total of six patients were hospitalized during that year, all free. He also related interesting anecdotes of leading practitioners and some of his own problems that came up when he was superintendent of the hospital.

Meeting adjourned at 10:00 p.m.

Respectfully submitted,

EDWARD ZAMIL, M.D., *Secretary*

RHODE ISLAND SOCIETY OF PATHOLOGISTS

The regular meeting of the Rhode Island Society of Pathologists was held on May 27, 1952 at 7:30 p.m. at the R. I. State Hospital for Mental Diseases, Howard, R. I.

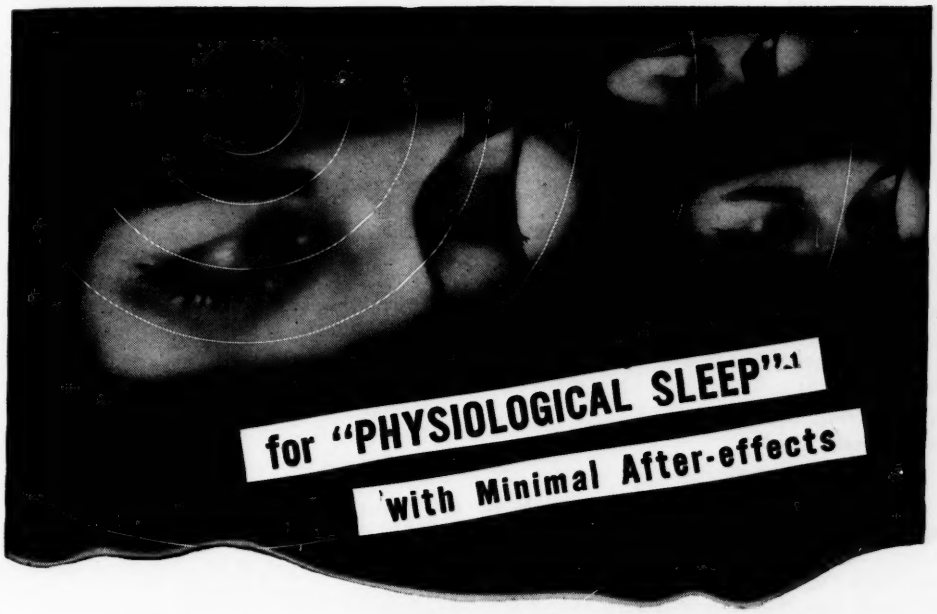
After a business meeting, the scientific program was presented by Dr. Elizabeth Meyer:

"Paget's disease of the skull with platybasia."

This was followed by a lively discussion.

A collation was served and the meeting adjourned at 10:30 p.m.

ELIZABETH MEYER, M.D., *Secretary*



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[1]N.N.R., 1947, p. 398.
[2]Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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continued on page 388

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concluded from page 386

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*Talkov, R. H., Ropes, M. W., and Bauer, W.: *The Value of Enteric Coated Aspirin.* N.E.J. Med. 242,19 (Jan. 5) 1950.

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ANNUAL REPORTS

THE RHODE ISLAND MEDICAL SOCIETY

(continued from June issue)

PUBLIC LAWS

The Committee on Public Laws, assisted by the executive officer of the Society, reviewed all legislation pertaining to health introduced in the General Assembly, and expressed its opinion for the Society to various Assembly committees, leaders of the Senate and House, and the Governor of the State on some of the acts proposed.

Every member of the Society has reason to be concerned about the legislative proposals that annually appear before the General Assembly, and your Committee urges that physicians take a greater interest in all legislation proposed locally and nationally.

The Committee met with the Committee on Industrial Health of the Society and reviewed the proposed new Workmen's Compensation Law which incorporated suggestions made by the Society to the special study commission that drafted the legislation. This proposed act in its final form was opposed by the Committee as it included provisions not previously presented to your Committees, and provisions inimical to the interests of the injured worker. The act failed to pass the Assembly.

A brief summary of the major bills of a health and welfare nature and some of the ones defeated in the recent session of the General Assembly is as follows:

ENACTED

Hospitals — To partially reimburse voluntary general hospitals for the care of acute medical, surgical, and obstetrical patients unable to meet hospitalization costs, the following appropriations were made:

To the Rhode Island Hospital, $247,000
To Newport Hospital $39,800
To Kent County Hospital $19,000

A bill that would have appropriated $30,000 to Memorial Hospital, and $10,000 to Butler Hospital, did *not* pass.

* * *

An amendment to the Workmen's Compensation Law was passed that raises the maximum per diem hospital payment for beneficiaries of the workmen's compensation program from $10.00 to $12.00. The bill as introduced called for a maximum of $14.00, but the act as finally passed set the limit at $12.00.

Narcotics—Several bills relating to the sale of narcotics were introduced, and one proposal made for a narcotics laws survey commission was advanced. Only one act passed, a bill fixing heavy penalties for persons convicted of peddling narcotics to a minor. The penalties would be imprisonment up to 20 years for a first offense, and between five years and life for second and subsequent offenses.

Nurses—A new statute for the registration and regulation of nursing was adopted, amended in form from the original proposal as submitted to the Assembly. The Assembly amendments made two basic changes, one that the State Director of Health be the person who approves lists of persons eligible for nursing examinations instead of the Rhode Island State Nurses' Association, and the second that the qualifying examinations be conducted at least twice yearly, beginning July 1, 1953.

Of particular interest to physicians is the fact that this new act defines registered and practical nursing as follows:

REGISTERED NURSING

"A person practices professional nursing who, for compensation or personal profit, performs professional services requiring the application of the principles of nursing based on biological, physical, and social sciences, and nursing skills in the observation of symptoms, reactions, and accurate recording of facts, and carrying out treatments and medications prescribed by licensed physicians in the care of the sick, in the prevention of disease or in the conservation of health."

PRACTICAL NURSING

"A person practices practical nursing who, for compensation or personal profit, performs such duties as are required in the nursing care of the subacute, convalescent or chronic patients, and in assisting the professional nurse in a team relationship, especially in the care of the more acutely ill and in carrying out such medical orders as prescribed by a licensed physician, requiring a knowledge of simple nursing procedures but not requiring the knowledge and skills required for professional nursing."

* * *

continued on page 392

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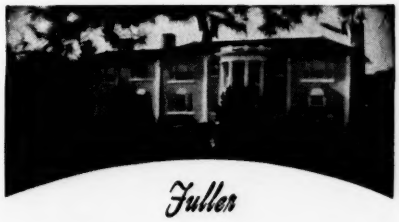

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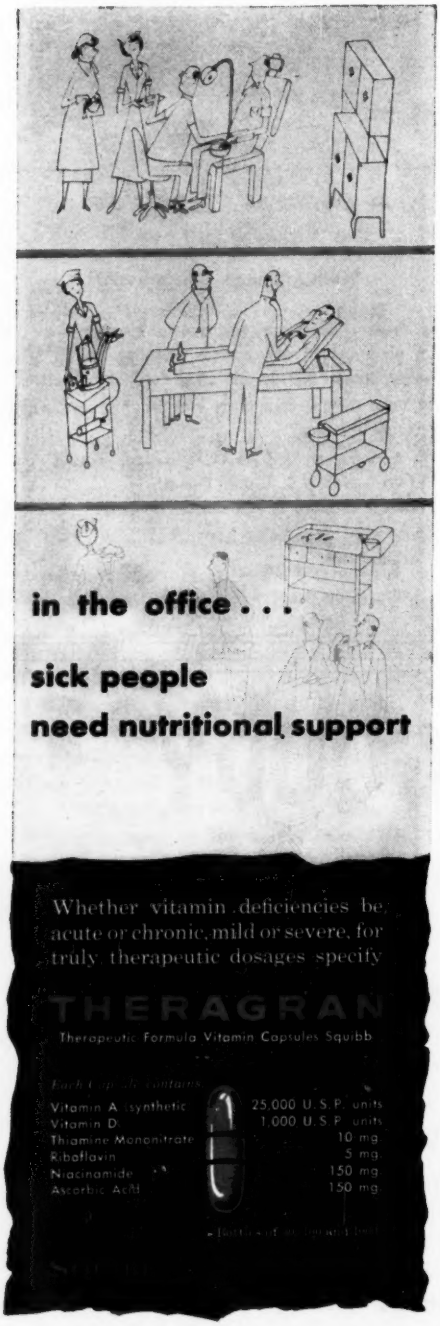

PUBLIC LAWS

continued from page 390

The establishment of this restrictive definition for the practical nurse caused the Committee on Public Laws, in meeting with the nurse representatives prior to the introduction of the legislation, to request that liberal exceptions be provided in order not to prohibit the care of the sick by servants, housekeepers, nursemaids, etc. As a result of the Committee's action the exceptions to the new nurse statute are listed as follows:

"*Exceptions*—No provisions of this chapter shall be construed as prohibiting gratuitous nursing by friends or members of the family or as prohibiting the care of the sick by domestic servants, housekeepers, nursemaids, companions or household aides of any type, whether employed regularly or because of an emergency of illness, *provided* such person is employed primarily in a domestic capacity and does not hold himself or herself out or accept employment as a person licensed to practice nursing for hire under the provisions of this chapter, or as prohibiting nursing assistance in the case of an emergency."

Public Health—An act was passed providing for progressive controls over brucellosis in cattle, and appropriating $10,000 for the fiscal year starting next July 1. The program calls for calfhood vaccination of all female cattle brought into the state, with blood of all cattle in the state tested annually starting January 1, 1957.

Social Welfare— Bills were passed that (1) amended the Public Assistance Act by raising from $500 to $600 the total value of real property or insurance, or both, that a person may hold without disqualification from receiving old age assistance; (2) amended the Public Assistance Law to allow State Infirmary patients who are 65 years of age or older to draw old age assistance, and to allow blind patients to draw aid to the blind (the State would receive federal funds towards the cost of caring for about 500 elderly patients at the State Infirmary by this act) provided that the recipients are inmates of a *medical institution* and not afflicted with tuberculosis or mental diseases, and not in the institution as the result of such diagnoses; (3) appropriated $50,000 for a development council survey of the State Institution needs; and (4) appropriated $250,000 for a new building at the Children's Home.

FAILED OF ENACTMENT

Among the bills that were introduced, some of which passed either the House or Senate, but which failed of enactment as new laws of the State, were proposals that would:

Completely revise the Workmen's Compensation Law, establishing an Industrial Accident Court to handle disputed cases.

Require the State to provide all State employees state-paid Blue Cross and Physicians Service benefits.

Create a 7-member special commission to make a complete study of the Temporary Disability Compensation Program.

Provide free dental care for every child in Rhode Island at the expense of the State and the respective cities and towns therein.

Amend the Basic Science Law to permit a person to qualify for examination by reason of 5-year residence during the period 1940-1950.

Appoint a chiropodist at the state institutions and for the needy; and another bill to appoint a chiropodist to examine school children for evidence of poliomyelitis.

Transfer the authority for milk inspection from the agriculture department to the health department.

Make admissible as evidence in actions of contract or tort for malpractice, error or mistake against physicians, surgeons, dentists, optometrists, hospitals, and sanitaria, textbooks tending to prove said fact or opinion, as evidence.

Have the State return to its pre-1949 system of County Medical Examiners.

Enforce sanitary regulations relative to unwrapped bakery products being transported from delivery wagons to destinations.

Allow investigation by the State Health Department for correction of obnoxious odors if any city or town fails to act on petition of any five citizens.

Create and maintain a "Gold Star Mothers Health Fund" from which would be paid in whole or in part the charges for medical treatment, medicines, and hospitalization of the mother of any member of the Armed Forces whose death occurred as the result of injury or disease occurring during his active service in time of war.

Prohibit the practice of optometry in department stores.

Make it unlawful for an employer to require an employee to pay the cost of medical examination as a condition of employment.

Request the Rhode Island Congressional Delegation to use their best efforts to work for the passage of the Murray-Dingell Bill to provide up to 60 days of free hospitalization a year to everyone eligible for insurance benefits under the Social Security Program.

Respectfully submitted,

COMMITTEE ON PUBLIC LAWS

JAMES H. FAGAN, M.D., *Chairman*
WILLIAM H. FOLEY, M.D.
HERBERT E. HARRIS, M.D.
EDWARD H. TRAINOR, M.D.
JEAN MAYNARD, M.D.
HENRY W. BROWNELL, M.D.

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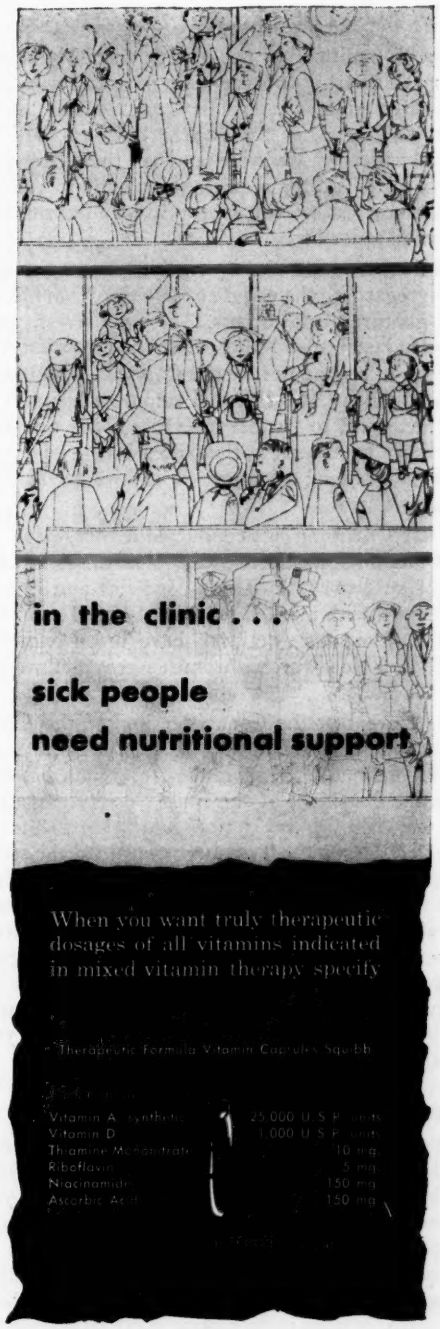

THOMAS LALOR, M.D.
HRAD ZOLMIAN, M.D.
EDWARD A. MCLAUGHLIN, M.D.

PUBLIC POLICY AND RELATIONS

The Committee has not been particularly active during this past year because we have had no problems referred to us and we have enjoyed good public relations. The newspapers have carried no stories critical of Medicine nor have there been any letters to the Editor requiring any action. Whenever a news story did appear it was factual and objective reporting.

In the early part of the year there was some agitation regarding the release of bookies from jail on the signature of physicians. This was investigated in every instance and in one case the physician was advised to appear before the Council. The newspaper publicity and editorial comment has served as a deterrent to further activities along this line and there have been no instances in the past few months of special treatment of bookies on the part of physicians.

Your Chairman has conducted a course for indoctrination of members of the Woman's Auxiliary on the subject of Socialized Medicine and Health Insurance with marked success. Several members of the Woman's Auxiliary have made excellent speeches before various women's groups throughout the State.

In November the Committee invited the Presidents and Secretaries of the District Medical Societies to a dinner meeting at the Hope Club at which time the President of the State Society explained the workings of the state organization to the assembled guests, the Treasurer explained the situation regarding American Medical Association dues and they were indoctrinated regarding Physicians Service, Rhode Island Plan, Grievance Committee, Emergency Medical Calls, Cash Sickness Program and the Diabetic Control Program in the State Society. The general subject of Civil Defense in public disaster was also discussed in detail and your Chairman elaborated on public relations of the medical profession in general.

We had one hundred per cent attendance of the Presidents and Secretaries of the District Societies and everyone concerned felt it was a worthwhile endeavor. This is the second time now that your Committee has brought the officials of the District Societies together with the officials of the State Society and the Committee on Public Policy for close cooperation and consultation. We find it to be of inestimable value in promoting good public relations between the districts and the State and between the profession and the public. We advise its continuance.

On concluding six years as Chairman of this important Committee, I wish to express my sincere appreciation to the Officers, Executive Secretary and the Members of the Council for their sympathetic understanding and loyal support through many trying situations. I feel that our activities have been productive of better public relations because of the very evident lack of problems facing the profession in this State at the present time. In resigning as Chairman of this Committee I assure the members of the Society and the House of Delegates of my continued interest and willingness to aid in every way possible the incoming Chairman and Members of the Committee.

Respectfully submitted,

COMMITTEE ON PUBLIC POLICY AND RELATIONS
CHARLES L. FARRELL, M.D., *Chairman*
DONALD DENYSE, M.D.
MORRIS BOTVIN, M.D.
EARL J. MARA, M.D.
CLIFTON B. LEECH, M.D.
M. OSMOND GRIMES, M.D.
H. FREDERICK STEPHENS, M.D.
JOSEPH REILLY, M.D.
RICHARD J. KRAEMER, M.D.

STATE TEMPORARY DISABILITY COMPENSATION PROGRAM

The Advisory Committee to the Department of Employment Security in Rhode Island makes the following recommendation: That the House of Delegates urge the Department of Employment Security of Rhode Island to furnish the Society, for possible publishing in the *Rhode Island Medical Journal* or otherwise, annual statistical data on the diagnoses resulting in the payment of claims under the program in order that such data may be studied and utilized in planning health care and health education for the people of this State.

* * *

During the past year the Committee has continued to serve in an advisory capacity to the Department in reference to medical provisions of the temporary disability compensation program. Many matters were resolved by conferences between members of the Committee, the executive officer of the Society, and the staff of the Department. We have continued to have excellent cooperation and assistance in working out medical matters with the Administration of the Department and the Chief of the Division of Temporary Disability Compensation.

During the year the membership of the Society was again canvassed relative to participation as impartial examiners for the Deprtment for its use.

continued on page 396

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TEMPORARY DISABILITY

continued from page 394

Through notices in the *Medical Journal*, and otherwise, we have endeavored to keep the membership of the Society informed of any changes in the operation of the disability program. We have recommended, and the Department has accepted, the Society's Uniform Fee Schedule for Governmental Agencies as adopted by the House of Delegates on May 3, 1950. A revised printing of the regulations for impartial examinations was prepared by the Department and issued to every member of the Society.

The major complaint voiced to your Committee during the year by the staff of the temporary disability division has been the failure of some physicians to report promptly the illness of claimants for benefits. A special letter was addressed to every member of the Society by the Chairman of the Committee urging prompt filing of medical certificates, and indicating that failure to meet this request would result in the Division notifying claimants to communicate with physicians for the information. We sincerely hope that every member of the Society will act promptly in this matter of certification in fairness to the person who may need financial payment from the State Fund during his time of disability.

Respectfully submitted,

ADVISORY COMITTEE TO THE DEPARTMENT OF EMPLOYMENT SECURITY IN RHODE ISLAND

HERMAN C. PITTS, M.D., *Chairman*
ALBERT H. JACKVONY, M.D.
CHARLES L. FARRELL, M.D.
THOMAS NESTOR, M.D.
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ALFRED M. TARTAGLINO, M.D.
WILLIAM S. LEVY, M.D.

TUBERCULOSIS

It has been suggested that next fall a fast tempo chest x-ray survey be carried out in Rhode Island with the cooperation of the U. S. Public Health Service.

Your Committee on Tuberculosis met on April 4, 1952 to consider the various aspects of the proposed survey. In this meeting we reviewed the report of the Boston survey done under similar auspices in the fall and winter of 1949. Boston has a population comparable to the State of Rhode Island.

In the Boston survey, 536,012 70 mm. films were taken, of which about 60 per cent were on Boston residents. On 14 x 17 film retakes, 4,177 were diagnosed tuberculosis, of which only 247 were new active cases in Boston residents. The cost of the survey was estimated at $235,000 for equipment, supplies and professional personnel provided by the USPHS, $40,000 cash contributions raised in Boston, $90,000 contributed in kind, making a total of $130,000 for the city and $235,000 for the USPHS. Ten thousand volunteers with many committees were necessary for the planning and execution of the project.

Your Committee is very much in sympathy with the aims of such a survey. However, from study of the experiences in these previous surveys and of the local resources for carrying on our own survey there is considerable doubt as to the feasibility of the *fast tempo* survey in our community at this time. Some of our reasons for this doubt are:

1. It is the unanimous recommendation from previous survey reports that at least a year's careful planning is required to attain adequate effectiveness.

2. Over $50,000 in cash would have to be raised in addition to an unknown amount in kind and the services of probably 10,000 volunteer workers.

3. The services of a full-time director and other full-time key personnel are requisite.

4. An undertaking of such size would seriously disrupt our own continuing tuberculosis control

continued on page 402

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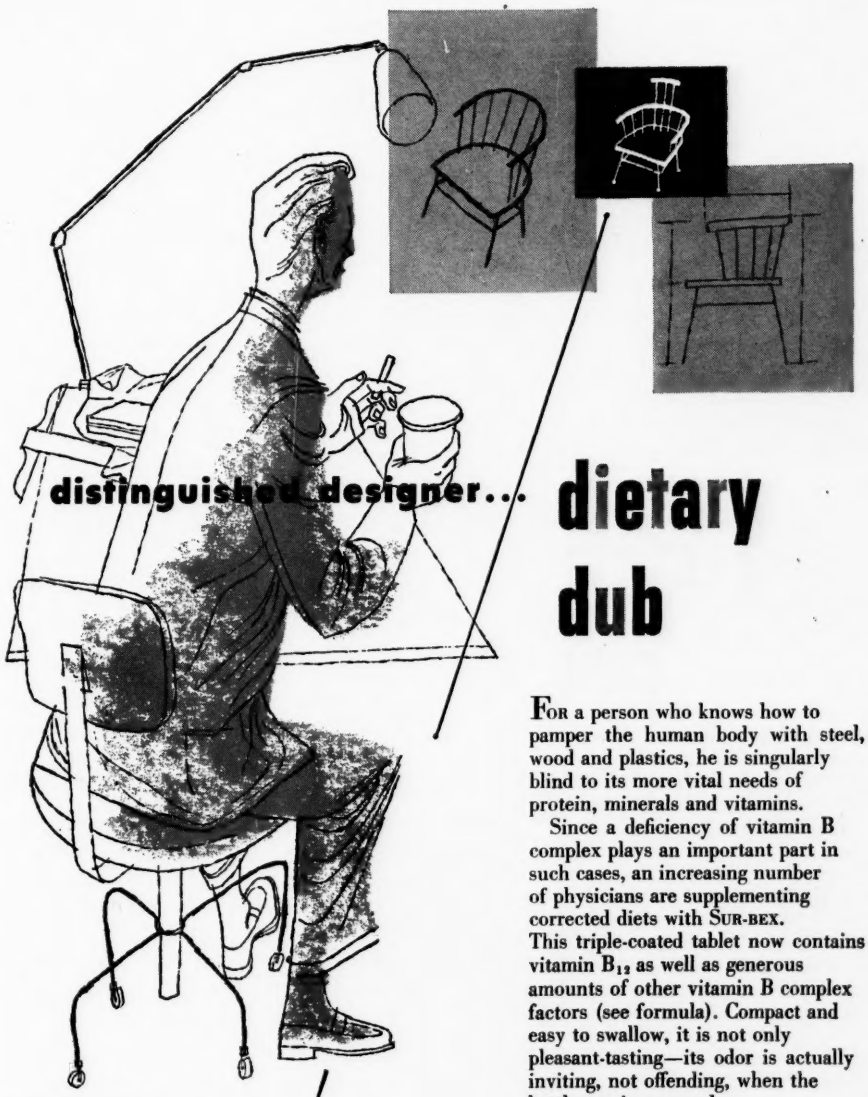

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Pantothenic Acid (as calcium pantothenate)	10 mg.
Liver Fraction 2, N.F.	0.3 Gm. (5 grs.)
Brewer's Yeast, Dried	0.15 Gm. (2½ grs.)

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BOOK REVIEWS

ANTIBIOTIC THERAPY, by Henry Welch, Ph.D. and Charles N. Lewis, M.D. with a foreword by Chester S. Keefer, M.D. The Arundel Press, Inc., Washington, D. C., 1951. $10.00.

"Antibiotic Therapy" is designed to furnish in one volume the needed information to guide the clinician in his choice, dosage and method of administration of the presently available antibiotics. The book is written in an easy yet authoritative style and provides at the end of each chapter a list of references for those wishing to study the original papers.

The first portion of the book presents the discovery, development, antimicrobial spectra, toxicity, absorption and excretion of tyrothricin, penicillin, streptomycin, dihydrostreptomycin, aureomycin, bacitracin, chloramphenicol and terramycin. Polymyxin, neomycin, mycomycin, and viomycin though not commercially available are also discussed.

Preceding the discussion of each antibiotic there is a picture and a very short biographical sketch of the discoverer of the antibiotic.

The second portion of the book is devoted to the clinical uses of the antibiotics and includes in most instances recommended dosage regimens. This section is arranged by diseases and the material is in reality sufficiently complete to be considered a text of the common infectious diseases, together with their treatment with antibiotics. A section is devoted to surgical infections and another to urinary and intestinal tract infections.

The chapter on tuberculosis discusses the problem of the development of resistant or dependent forms of the organism and the combined use of streptomycin and para-aminosalicylic acid. The use of benemid to retard the excretion of P. A. S. is reported. Streptokinase and streptodornase as adjuncts to the treatment of tuberculosis is presented together with a number of other agents. The action of adreno and adreno-cortico-tropic hormones is included.

The section of the book on the virus and rickettsial diseases is concise and factual. The treatment of syphilis and the other spirochaetal disease is given in detail.

Since the publication of this book, larger series of cases in which the newer antibiotics were used have been reported. These reports in most instances have not altered the principles and recommendations as given in this book.

The authors have done a commendable task in summarizing the experiences, results, and value of the use of the various antibiotics in the individual diseases.

HERBERT F. HAGER, M.D.

HISTORIA DE LAS DERMATOSIS AFRICANAS EN EL NUEVO MUNDO by Carlos Federico Guillot. Adscripto a la Cátedra de Clinica Dermatosifilográfica de Buenos Aires, Secretario Técnico de Dermatología del Ministerio de Salud Pública, El Ateneo, Buenos Aires, 1950.

In this monograph Dr. Guillot, dermatologist and dermat-historian, has given a most interesting account of the dermatoses which were spread by the importation of negro slaves on the southeast coast of North Africa, the Antilles, and the northeast coast of South Africa, in the 16th century; he speaks of the "pathologic osmosis" of the negro into the Americas. The data concerning the diseases are taken from the reporters of the time: the slave-traders, the plantation owners, and the ship and plantation doctors.

The planters, faced with the need of labor to solve the problem of "the earth" and unable to harness the natives, turned to Africa for slave-labor. In the 16th century Padre Lascasas estimated the number of slaves which were sold during the three and a half centuries that the slave-market lasted at 12 million; he also estimated that of the 280 million inhabitants of the Americas 40 million were negro or negroid. Even at that time the higher resistance of the colored skin to tropical climates was well known.

Some of the hints of identification are interesting. Slave-merchants tasted with their tongue certain qualities of the sweat of the negro which they expected to buy and from such a test were able to judge of his state of health. Some merchants did not need to ask many questions about the origin of the slave which they intended to buy; for instance, they recognized a negro of Angola from his body odor. Here is one trick of the trade:

since slaves who had suffered from "viruela" bore scars showing that they were immune to the disease, in order to simulate such immunity and thereby to increase the market value of the slave, scars were artificially produced by means of chemicals or fire.

Among the diseases imported into the Americas by the slave-trade are: filariasis, alastrim, rectitis gangrenosa (el maculo—a Spanish contraction for "mal del culo"), oncocerciasis, anchilostomiasis, ainhum.

The work of Roman Catholic missionaries in caring for the bodies and souls of the unfortunate is emphasized; in one leper-colony, a single priest cared for 7000 lepers.

Slaves were used not only for manual labor, but also for experimentation *in vivo* by curious plantation-owners to try out new drugs or surgical procedures.

Oncocerciasis was known as "Erisipela de la Costa" and was characterized by a diffuse lichenification of a greenish color, with thickened auricles and a peculiar general appearance.

Skilled buyers were able to diagnose the deadly tripanosomiasis from the cervical adenitis. Venereal and non-venereal diseases were grouped as framboesia or bouba.

To give another example of "human" behavior: the hospital of San Lazaro in Lima, founded in 1563, had a provision in its constitution prohibiting the admission of slaves.

Some of the special diseases of slaves were: avitaminosis, tropical ulcers, mercurial dermatitis and stomatitis in miners of mercury, tuberculosis colliquativa, and trauma, whether accidental or induced by punishment or sadism.

F. RONCHESE, M.D.

RHEUMATIC DISEASES, American Rheumatism Association, W. B. Saunders Company, Philadelphia, 1952. $12.00.

This book is a 449 page volume prepared from lectures, talks and abstracts which were presented at the Seventh International Congress on Rheumatic Diseases. The book covers a wide range of subject matter. It includes studies on the histology and biochemistry of connective tissue, hormone therapy, methods of rehabilitation, corrective orthopedic surgery, psychogenic rheumatism and experiments on induced lesions.

The book contains subject matter written by close to 200 outstanding men in the field of rheumatic diseases.

As to the etiology and incidence of rheumatoid arthritis, the book concludes that rheumatoid arthritis is much more frequent in females than in males. One of the old theories that psychogenic

continued on next page

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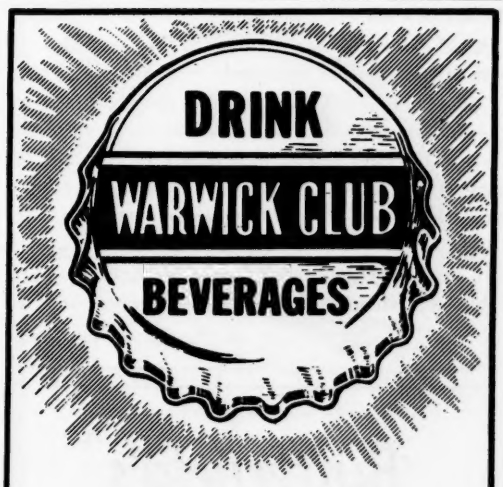

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factors play an important part in the etiology of rheumatoid arthritis is not borne out. It further concludes that those with allergic manifestations, endocrine diseases and focal sepsis do not show any greater degree of rheumatoid arthritis than show controls. The authors of papers written on familial factors show that rheumatoid arthritis has familial tendencies. Rheumatoid arthritics improve during pregnancies but most become worse after the pregnancy is terminated. The type of occupation has no bearing on rheumatoid arthritis.

An excellent chapter is written on the etiology of rheumatic fever and its relation to rheumatoid arthritis. An important conclusion is that there is an extremely low incidence of heart involvement in rheumatoid arthritics.

A cleverly written chapter on Reiter's Syndrome is written giving symptoms, signs, investigative studies and treatment of this triad syndrome.

As for treatment of rheumatoid arthritis, the book includes chapters on the value of diet, endocrine therapy, physiotherapy, the use of estrogens, surgery and rehabilitation. In particular, the use of cortisone and ACTH is discussed by Kendall and Hench. This particular chapter deals with comparison between ACTH and cortisone and the mode of action. It also discusses the optimum dosage of each.

Gold salts and copper salts in the treatment of arthritis are well represented.

As for the orthopedic care in the treatment of rheumatoid arthritis, the book has excellent chapters on the prevention of deformities and also on surgical correction of the deformities once they have developed. Spa therapy is thoroughly discussed.

I heartily recommend the book particularly to internists, rheumatologists and orthopedists.

A. A. SAVASTANO, M.D.

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PRESCRIPTION FOR MEDICAL WRITING
by Edwin P. Jordan, M.D. and Willard C. Shepard. W. B. Saunders Co., Phil. 1952 $2.50.

This little book of over 100 pages is scholarly, containing much good advice for those ambitious to produce medical literature. The casual physician author, however, will hardly be likely to read and comprehend it all. Thus the chapter on Statistics has several pages devoted to Probability and Chance —Chi Square Test and Coefficient of Correlation. Lots of very good doctors don't have that amount of mathematical intuition. But if they have any reasonable amount of the sense that the user of statistics on a large scale should have they will get expert aid in these matters.

In the chapter of Illustrations written by the non-medical author it says "Authors and illustrators may assume that the publishers will be happy to cooperate with them." In this highly technical work the sensible writer once again will accept help. One more quotation—"Of all photographic prints, those from roentgenograms are the most likely to suffer in reproduction." This truth is frequently illustrated in the leading medical papers.

It is a risky business writing papers on How to Write. The first author says, "A similar fault . . . is the insertion of words or phrases in some dead or foreign language . . . Rarely is the use of foreign expressions more than an affectation." Turning to the title page one finds—Quidquid Praecipies Esto Brevis. How is your Latin on this one?

The "Brevis" in that motto led one reader to hope that the book would urge writers to be short. Some able recent author apologized for the length of one of his articles saying that he just had not the time to make it short.

It is quite the fad now among the literati to rather stick up for the spilt infinitive. Dr. Jordan is not dogmatic about the matter but gives his opinion cleverly and sensibly. "As I see it, the rule against splitting infinitives is an arbitrary one which has been fought for so successfully by grammarians that the author departs from it at his peril . . . But . . . there are few literary craftsmen in whose writings one cannot find examples in which the rule has been broken. For most of us, however, it is better to conform."

It is sad to find that modern sloppy workmanship has affected even the Saunders Company. On page eleven the "l" in "structural" has failed to print and on page twelve the "n" is missing in "into."

Before you start to write your next medical paper look this book over.

PETER PINEO CHASE, M.D.

CURRENT THERAPY 1952. Edited by Howard F. Conn, M.D. W. B. Saunders Company, Phil., 1952. $11.00

This is an outstanding and up-to-the-minute text on treatment and contains much general information of a diagnostic and therapeutic nature. Different men discuss treatment of the same diseases giving the reader the benefit of different viewpoints and experiences which reflect the background and individual thinking of the writers.

This is a great improvement over the older texts. The honesty in the descriptions of treatment of difficult diseases such as, Leukemia, is refreshing. There is little mention of untried, shotgun and snake oil remedies. The print is large and the arrangement of subject matter is conducive to conciseness and clarity. Unnecessary verbiage is at a minimum. One is so impressed and gratified by the ease in the finding of desired information that one reads on about the therapy of other and unrelated pathological conditions for pleasure as well as instruction.

J. A. DILLON, M.D.

TEXTBOOK OF PHARMACOLOGY by William T. Salter, M.D., Professor of Pharmacology, Yale University School of Medicine. W. B. Saunders Company, Phila. 1952, $15.00

One of the first champions of golf in this country was playing one day when an acquaintance called his attention to a beautiful bird. "Damn your bird," was the reply, "I'm playing golf." Professor Salter is a champion who can play his shots straight down the therapeutic fairway but between strokes he is aware of related matters of interest.

Each of his chapters is headed by a pertinent quotation.

Chapter I on the Heritage of Pharmacology.

"Anything green that grew out of the world was an excellent herb to our fathers of Old."
Kipling.

Chapter XVIII on Histamine and Antihistamines.

(Wipe your nose and don't complain.)
Translated from Epictetus.

What a commentary on the selling campaign of antihistamines for the common cold. He is nearly as much to the point when he says, "Whether the benefit is any greater than that derived from a hot rum toddy (for instance) is debatable."

The writer of this review has much trouble in remembering details, so it seems well to him that Dr. Salter often uses picturesque means to help him in memorizing. Thus in telling of atropine poisoning, he says that the patient is

"red as a beet,
dry as a bone,
and mad as a hen."

He includes many "Illustrative Cases" which point therapeutic morals. Here is one of the shortest . . . There was once a photographer who worked hard all day making beautiful enlargements and at night would take them home to his study, where in a small secluded nook he mounted them in an album. He had only a handful of them each night, and he used a small tube of mucilage containing benzol—four dabs on each corner of each picture was all to be used. The procedure went on for several years. Ultimately the man developed not aplastic anemia, but classic leukemia.

In his chapter on Opiates, he quotes from the 18th century letters from an American farmer telling how the people of Nantucket, particularly the women, had "the Asiatic custom of taking a dose of opium every morning." This illustrates that even with opium, as with alcohol, the people who succumb to it are often basically psychopaths.

If the "practical" physicians whose interests are confined to the doses and methods of handling of all the drugs feel from the above that the author does not get down to the grass roots, they should be quickly disillusioned. All the well recognized drugs,

continued on next page

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even through the antibiotics recent parasiticides cortisone and ACTH, are described carefully from their chemical and physical viewpoints.

One aspect that makes the book particularly valuable is mentioned in the preface, "This is a personal book, recording the experiences and reflecting the choices of one who has spent many hours at the bedside of clinical patients, as well as long nights in the laboratory." A most excellent treatise on pharmacology.

But, to return to our original metaphor, even the best golfer occasionally plays off the course. Driving off for Chapter IV, Dr. Salter pulls the common misquotation of Oliver Wendell Holmes, "If the whole materia medica (excepting only opium and ether), as now used, could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes."

This is not an accurate quotation from Dr. Holmes who always weighed his words and was not so foolish as to sink alcohol and the specifics. In Dr. Salter's next edition, I am sure he will do justice to Dr. Holmes, with whom he has so much in common.

PETER PINEO CHASE, M.D.

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The Editor acknowledges the receipt of the following book: BACITRACIN. A Review and Digest of the Literature Up to and Including January, 1952. Research Division, S. B. Penick & Company. New York, 1952.

The Library Committe calls attention to the fact that a number of books in the Davenport Collection are now available for circulation under special rules.

This is a collection of books by physician-authors, or about physicians, and contains many interesting and informative volumes—such as biographies, novels, and works of poetry written by physicians.

IRVING A. BECK, M.D., *Chairman*

TUBERCULOSIS

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program, and probably have a weakening effect on other health and social endeavors. (It is generally the same group of workers who volunteer for community activities.)

5. We believe we, with our own present equipment, could attain the same goal over a somewhat longer period of time with a great deal less expenditure of time, energy and money.

Your Committee has given this matter careful consideration and feels that the Rhode Island Medical Society should not advocate the program at this time. If, however, a satisfactory survey is organized at some future time we should give it every possible support.

Respectfully submitted,

COMMITTEE ON TUBERCULOSIS
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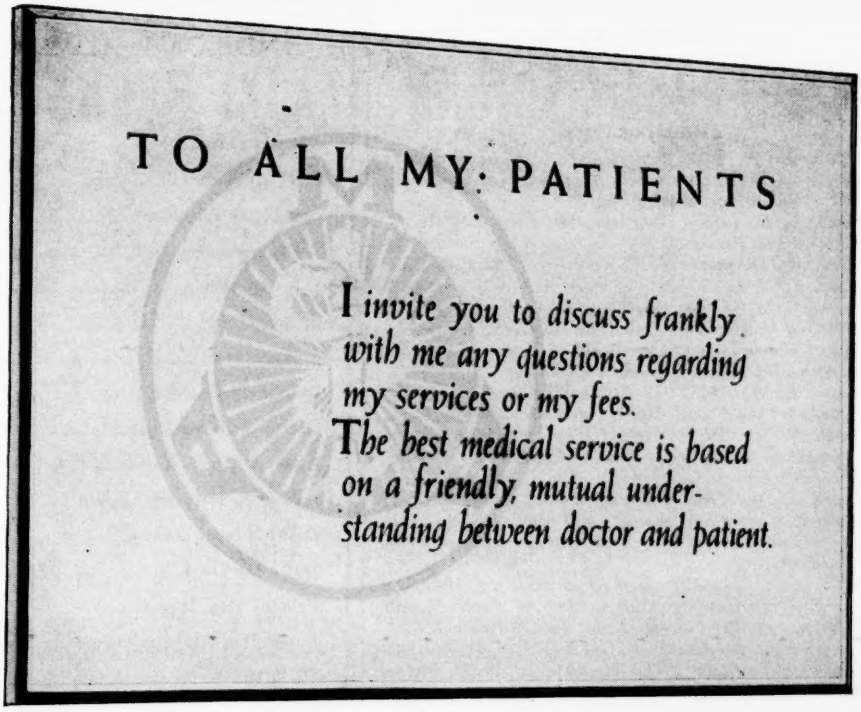

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MEDICINE OF THE FUTURE

concluded from page 370

son who has done more to further our progress along the high road to the medicine of the future.

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